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ABSTRACT

The report is an outgrowth of a study of three residential schools operated by the Illinois Department of Rehabilitation Services (DORS). The schools are the Illinois Children's School and Rehabilitation Center (ICSRC), for severely physically handicapped or health-impaired, the Illinois School for the Deaf, and the Illinois School for the Visually Impaired. The three schools are evaluated separately along dimensions of administration, admissions procedures, student population characteristics, programing, personnel and budget, and grounds and buildings. Issues and recommendations for future programing are also listed for each school. Among recommendations offered regarding the ICSRC are program modifications to reflect additional emphasis on health maintenance and rehabilitation programing, agreements with independent living centers to prepare for transitions from ICSRC, and enhanced programing in computer-assisted instruction. The Illinois School for the Deaf report includes recommendations for collaboration to provide comprehensive programing, more planned interaction with vocational rehabilitation, and research on computer assisted instruction. Among recommendations offered for the Illinois School for the Visually Impaired are expansion of independent living facilities, establishment of a summer educational program for deaf-blind students, and provision of resource services to families in cooperation with local schools. (CL)

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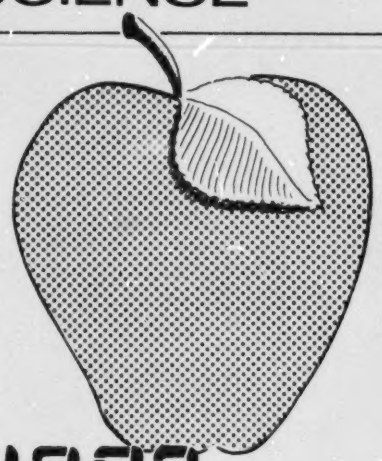

Plan for the Future Direction of DORS' Schools

Illinois Children's School & Rehabilitation Center
Illinois School for the Deaf
Illinois School for the Visually Impaired

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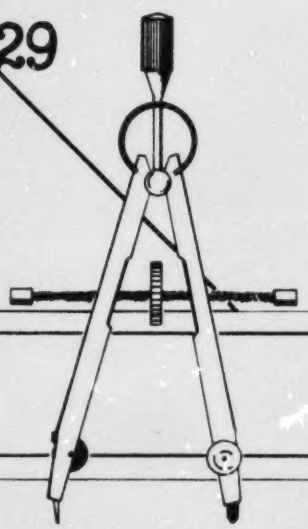

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Illinois Department of Rehabilitation Services

Plan for the Future Direction of DORS' Schools

Illinois Children's School
and Rehabilitation Center

Illinois School for the Deaf

Illinois School for the Visually Impaired

June, 1983

EC 171 908

State of Illinois
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To the Reader:

I am pleased to transmit the attached Plan for the Future Direction of DORS' Schools, the Illinois Children's School and Rehabilitation Center, the Illinois School for the Deaf and the Illinois School for the Visually Impaired.

The Plan was prepared through the combined efforts of many interested individuals and groups, including parents, consumers; advocacy groups; advisory councils; local and regional education agencies; staff of the State Board of Education and the Department of Public Health; university professors; superintendents and staff of the three residential schools; several DORS central office staff, and other concerned persons. The Plan sets forth a number of recommendations, which when used to guide the future planning and administration of the schools, will facilitate the continued relevance of the schools' programming and ease the students' transition from special education into job training and employment.

We look forward with great enthusiasm to the positive relationships, outcomes and impact which we believe will result from this Plan. We also anticipate ongoing interaction among the entities concerned with the special needs of low-incidence handicapped children. Moreover, we believe that the children who will be the beneficiaries of our efforts will, by their vocational and career attainments, attest to the cost-effectiveness and efficiency of maintaining quality programs for children who have handicapping conditions.

My sincere thanks to all who contributed to the development of the Plan for the Future Direction of DORS' Schools. If after reading the Plan, you have questions or concerns, please contact the Illinois Department of Rehabilitation Services.

Sincerely,

Robert W. Granzeier

Robert W. Granzeier
Director

Attachment

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PREFACE

In November, 1981, staff of the Illinois Department of Rehabilitation Services began a study of the three DORS-operated residential schools-ICSRC, ISD and ISVI. The primary purpose of the study was to review the roles and responsibilities of the schools. In addition, the study raised issues regarding the present and future directions of the schools in light of the needs of the handicapped students served, the national and state fiscal situations, trends in special education and inter-relationships among providers of services to handicapped children.

The most significant phases of the study were: 1) collection and computerization of student data (1978-1982); 2) interviews with school staff to obtain program- and administration-related descriptions; 3) survey of Illinois' local and regional special education administrators; 4) survey of similar residential schools in other states; 5) input from consumer groups, staff of the State Board of Education and the Department of Public Health; 6) input from university personnel; and 7) meetings with related consumer advisory and parent-staff councils.

Analysis of the input data yielded many issues and alternative solutions for programmatic enhancements. The present Plan is a product of a number of reviews and comments, meetings and revisions to ensure that the course selected is one which will best assist DORS in meeting the diverse needs of severely handicapped students.

It was determined that the ongoing educational programs at all three schools are functioning in a manner conducive to meeting the special educational needs of the students. Thus, the recommendations contained herein are designed to strengthen programming in the areas of independent living skills training; vocational experiences; resource services; and coordination with local education agencies and other entities serving and/or advocating for the population served by the schools. Also, concerted efforts will be made to acquire sufficient funding to continue providing quality, technologically modern programs for severely handicapped students.

The next phase in the Department's planning process for the three schools is the development and prioritization of specific objectives and operations designed to implement the actions recommended herein.

The Plan for the Future Direction of DORS' Schools is a planning tool for the future. Not all recommendations can be expected to be operational within one year; they will be the foundation for future actions, budget negotiations, and priority-setting by the schools and the central administration.

INTRODUCTION

July, 1979, marked the beginning of a new era for the former Division of Vocational Rehabilitation (DVR). It became the cabinet-level Department of Rehabilitation Services (DORS), responsible for the administration of facilities and programs unlike any it had handled before. Among DORS' new responsibilities was the administration of three state schools for handicapped children -- the Illinois Children's Hospital-School (now the Illinois Children's School and Rehabilitation Center (ICSRC)) in Chicago, the Illinois School for the Deaf (ISD) and Illinois School for the Visually Impaired (ISVI), both in Jacksonville. In view of the interplay between the education and the rehabilitation of handicapped people, the transfer of the schools was seen as beneficial to the children's "total rehabilitation".

Since the transfer of ICSRC, ISD, and ISVI to the Department of Rehabilitation Services, DORS personnel have pondered questions related to the best possible use/role of the schools, in light of the handicapped individuals who could benefit from their services. Although all of the schools have rich histories, hundreds of success stories, and prominent alumni, ways and means of improving and expanding their impact are continually discussed. DORS has not been alone in its deliberations; the Illinois Bureau of the Budget (B.O.B.), legislators and consumers have raised similar questions each year as the Department begins budget preparations.

The Purpose

In November, 1981, DORS initiated a study of the three residential schools. The purpose of the study was to review the existing role and responsibilities of each school to determine whether the current operation meets the needs and the expectations of certain handicapped children in Illinois; to raise issues or concerns about the present and future direction of the programming at the schools; and to present the issues to the DORS administration in order that the necessary decisions can be made and actions taken to set the future direction of the schools. The study began with the basic assumption that the three residential schools -- ICSRC, ISD, and ISVI are essential to special education in Illinois. The areas wherein clarification was needed were missions, roles, and responsibilities of the schools considering current fiscal, legislative, legal, policy, and procedural trends, and means of implementing a closer relationship between the children's programming and the vocational rehabilitation program.

The primary purpose of this plan is to set forth the future direction and options of the three schools, each of which may experience changes in its role and programming to varying degrees.

Brief History of DORS' Schools

State residential schools were instituted in Illinois in response to a need to provide an adequate educational opportunity for children and youth having severe impairments that tended to exclude them from "regular education". ISD and ISVI were created in 1839 and 1849, respectively. It was not until 1943 that the Illinois State Board of Education (established in 1854) created a Division of Special Education to establish local day programs. Then in 1945,

in response to the needs of very severely physically handicapped children who could not attend local special education programs, the Illinois Children's Hospital-School, now ICSRC, was established. The state and federal laws of the 1960's and '70's have caused further strengthening of Illinois' special education programs for the education of handicapped children, an increasingly costly undertaking for the state and for local public schools. The growth and development of local special educational programs have demonstrated an alternative to state residential schools, necessitating an assessment of the roles of these state facilities in relation to the intent of the transfer to the Department of Rehabilitation Services.

In keeping with the current Illinois School Code and DORS' Rules and Regulations to Govern the Administration and Operation of the State Schools, DORS' residential schools are reactive to the influences of a number of external factors: incidence and prevalence of diseases; birth rates; the general economy; funds available; advocacy groups and local education agencies; to name a few. This reactive posture is not new, and it is not expected to be eliminated. Over the years the schools have succeeded in monitoring and planning for their responses to external influences; when necessary, they've adjusted programming, revised staffing patterns, remodeled parts of buildings, bought equipment, and made many other changes. While it is realized and accepted that the schools must respond to the needs of a broad range of handicapped individuals, an active role for meeting the students' needs must be assumed in order to ensure that the schools continue to fulfill their specific missions.

Residential Settings for Special Education

A shift is occurring in special education to the increased provision of local special education programs for handicapped children. This does not diminish the need for the residential schools. On the contrary, the residential school staff can assist by providing specialized assistance for all handicapped children within their specialty areas.

Public Law 94-142 mandates that education be provided in the "least restrictive environment"; in most cases, that environment is found in regular classes. However, some children require different educational settings. The term "least restrictive environment" must be interpreted according to the individual needs of each child. It has been found that for some children the regular classroom may prove to be more restrictive than the residential school.

Factors Which Affect the Future of the Schools

The changing funding structure for education in Illinois may have the strongest impact on the future role of the DORS schools. With the current financial situation, state revenues for education, including special education, have been reduced.

In efforts to meet federal mandates to provide for education of all handicapped children, the Illinois State Board of Education is involved in adjusting to its continously decreasing levels of funds for local districts, joint agreements, regional programs and obligations to pay excess room and board costs for private placements.

Cost containment efforts have increased at local education levels. Special education joint agreement and regional program structures are being looked at by local districts to determine areas of duplication and to decide which programs could be more cost-effective if operated by the local districts. There is a strong possibility that special education joint agreements may no longer operate programs for high-incidence and less severely handicapped school-age populations. It appears that joint agreements may very soon assume the programmatic responsibility for the low-incidence populations currently receiving diagnostic, related support and some educational services from ISBE-established regional programs. Since some of these regional programs are closely identified with ISBE because of its financial support, their future rests more strongly upon ISBE than with their underlying local districts or joint agreements. Leadership in ISBE has indicated that even if the regional programs can survive financially through FY-1984, their roles may change.

The Delimitations

The present Plan tapped many of the available sources of information and many of the individuals, groups, and agencies which interact with the DORS schools. It can by no means be said that DORS' staff reached all of those sources or resources which might have contributed to the study.

The Plan does not attempt to evaluate the quality of the education provided by Illinois' local public school system, by other state or local residential schools in Illinois, or by out-of-state schools in which Illinois students are placed. Neither does the Plan compare the quality of DORS' educational programming with that provided by similar schools operating in other states.

The data contained herein are limited to 1) students who have attended either of the three residential schools administered by DORS, during the study period 1978-1982; 2) the schools' programs, staff, buildings, funding, interagency cooperation, and administration during the study period; and 3) the legislative mandate which transferred the schools to DORS. However, the recommendations for the future direction of the schools are based on forecasts of changing trends in special education.

AREAS OF CONCERN

The areas of most concern in the assessment of the roles of the schools are:

1. What physical and mental characteristics should the students attending the residential schools possess? Are the current eligibility criteria appropriate?

2. What should be the relationship between local education agencies and the DORS schools? What additional resource services should/can the state schools provide to LEA's which request assistance to improve local programming?

3. What should be the relationship between DORS' schools and its vocational rehabilitation (VR) and home services programs? How can the programs better complement each other for the benefit of the students?

4. Should the state schools view themselves as the long-term educational placement of certain handicapped children?

5. What should be the role of the families of children who attend a DORS school? What actions should DORS' schools take in support of this role and of the family unit?

6. What should be the role of Department of Children and Family Services (DCFS) regarding children who are wards of the state but have no foster placements?

7. What should be done about currently enrolled students who were admitted because of "unsuitable home environments"? Should steps be taken to return them to their parents or guardians?

8. What should be the role of DORS, as the state agency responsible for vocational rehabilitation, in advocating that handicapped children receive an adequate opportunity for quality education and vocational rehabilitation?

9. Is it feasible for some students to remain in their local programs if home services are provided?

Although the present document does not fully resolve the above areas of concern, the key assumptions and the individual school plans which follow are designed to address these and other areas. Further planning and negotiations are needed and will continue toward full resolution of issues.

KEY ASSUMPTIONS FOR THE FUTURE DIRECTION OF DORS' SCHOOLS

The future direction and roles of the schools as described in later sections of this plan are based on a set of key assumptions adopted after careful consideration of the input and recommendations of knowledgeable reviewers both within and outside DORS:

1. Residential schools are the least restrictive alternative environment for some handicapped children and will continue to be unless substantive modifications occur in the system of local education.

2. The family unit should be preserved and supported; when feasible and appropriate, handicapped children should be educated in their local schools.

3. The target population for DORS' schools will continue to be deaf, blind, deaf-blind, health-impaired and otherwise severely physically handicapped children who can benefit from the schools' educational programming. However, if the LEA's increase their capacities to serve these handicapped populations, it is conceivable that an increasing number of multi-handicapped and educationally lower functioning students may be referred to the three schools. This assumption is not meant to indicate that DORS will supplant the responsibilities of the Illinois Department of Mental Health and Developmental Disabilities. However, it does point out that the schools react to the referrals from the LEA's.

4. DORS will, through its schools, home services and vocational rehabilitation programs, strengthen its role in the network of agencies serving deaf, visually impaired, health-impaired and otherwise severely physically handicapped children in Illinois from onset or identification through vocational rehabilitation.

5. DORS will continue to use and encourage the development of programs to assist families of handicapped children in meeting the children's special needs. DORS will also continue to support and utilize legislation which states that those parents or others who do not fulfill their roles regarding the special needs of handicapped children could be considered abusive or neglectful.

6. DORS will, through its schools and other programs, provide assistance, as requested by LEA's, in the development and improvement of local education programs or other community resources for handicapped children.

7. DORS supports the placement of the schools in this agency and will advocate for improved and coordinated programming for the handicapped children served by the schools.

The following sections give brief descriptions of the programs and administration of each of the schools, discuss issues and offer recommendations for the future direction of the schools.

A Plan for the Future Direction of the Illinois Children's School and Rehabilitation Center

Illinois Department of Rehabilitation Services

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A Plan for the Future Direction of the
Illinois Children's School and Rehabilitation Center

I. INTRODUCTION

Children who are severely physically handicapped or health-impaired are a heterogenous group with handicaps ranging from paralysis to amputations to neurological impairments. The population includes children with congenital, hereditary and acquired conditions which may cause the children to be totally or somewhat dependent upon others for assistance in some or all activities of daily living. In addition, children with severe physical handicapping conditions and health impairments usually require specialized medical and rehabilitation services, special education and social support programs.

Nursing care is also needed. The physically handicapped child may need prescribed medication administered on a scheduled basis, assistance with intermittent catheterization treatment applications, teaching self-care, making skin assessments, and many other duties.

Children with physical handicaps usually require specialized medical services, including occupational, physical, and speech therapy. Occupational therapists are needed to emphasize activities which will help each child achieve independence in everyday functions.

Physical therapy which treats the children through the use of exercise, massage, heat, cold, air, light, water, electricity or sound, is necessary to alleviate or correct the limitations imposed by the children's handicapping conditions.

Speech therapy may be necessary for the child who is physically prevented from speaking; the speech therapist must develop the best substitute means of expression. It may mean showing the child how to use an alphabet board to point to various letters to spell out ideas, or developing an untried alternate method when more conventional methods fail.

The classroom itself must be physically accessible to the orthopedically handicapped child. Obvious hazards, such as high thresholds on doorways, sharp wall adornments, and chairs with protruding legs must be avoided. Wide doorways and nonstick floor coverings provide for greater mobility. Also, adjacent toilet facilities are imperative since toileting may be difficult for some children. Adaptive equipment and materials assist in compensating for the children's physical handicaps. In some instances, a child's wheelchair does not conveniently pull up to the worktable, which creates the need for a special lapboard or chairboard.

Background and Mission of ICSRC

In 1945 the Illinois General Assembly enacted into law provisions for the state's first hospital-home school. House Bill 412 established a hospital-school and related services for the crippled child who "is educable but so severely physically handicapped as a result of cerebral palsy, muscular dystrophy, spina bifida, or other severely handicapping conditions that he is unable to take advantage of the system of free education in Illinois." Thus was created the Illinois Children's Hospital-School, (now the Illinois Children's School and Rehabilitation Center), a statewide residential center for educable physically handicapped children. By July 1, 1946, the growing staff was preparing to open an eight-story rented building at 2551 North Clark Street, Chicago.

Between September 23, 1946, and June 30, 1947, 40 children were admitted and four discharged. Of the 40 admissions, 22 (55 percent) were from Cook County, while 18 (45 percent) were from downstate. The age range of the children was from 3 to 19 years. Older adolescents, while eligible for consideration, were accepted only if it appeared that they would be helped appreciably and could remain until their 21st birthdays, after which they were ineligible. Seventeen children, or 42.5 percent of those admitted, had cerebral palsy for which treatment and educational facilities had been limited. After the first year of operation, enrollment quickly reached its capacity of 90-100 students, a level which ICSRC maintained until the 1982-1983 school year.

As local public schools have expanded their educational programming for handicapped children, ICSRC has served a more severely handicapped population. Article 14 of the School Code of Illinois was passed in 1965 to be fully implemented by 1969. From 1968 to 1970, the children referred to ICSRC had handicaps markedly more severe than those referred in previous years; recently educators have begun to refer children with educational potential who previously would have remained in nursing homes or institutions.

It is of importance in understanding this changing picture also to note two major advances in medical science. The first is the eradication of polio which afflicted nearly half of ICSRC's population a generation ago. The second is the rapid and critical advance in the medical specialty of neonatology which has succeeded in saving more and more high-risk infants, some of whom prove in time to have moderate to severe physical and/or mental handicaps.

In 1966 ICSRC moved to its present location at 1950 W. Roosevelt. It is in close proximity to the huge medical complex which includes Cook County, Ruth Presbyterian, St. Luke's, the Veteran's and the University of Illinois Research hospitals. Students' needs for hospitalization are now accommodated outside ICSRC, with the school providing medical maintenance and minor treatment services. Academic coursework along with physical, occupational, and speech therapy; adaptive daily living skills; and vocational education have continued to be offered by the

school, along with social and psychological support services. These functions are now more correctly reflected by the recent name change from the Illinois Children's Hospital-School to the Illinois Children's School and Rehabilitation Center.

II. ADMINISTRATION

Effective July 1, 1979, the Illinois Children's Hospital-School (now ICSRC) was transfered to DORS from the Department of Children and Family Services.

During the course of the study which lead to the development of the present plan for ICSRC, the school has had three administrators; it is now headed by an acting superintendent.

The Advisory Council of ICSRC is composed of parents of handicapped children; a former student; interested citizens and area professionals, including professors in pediatrics, social work and nursing; attorneys; doctors; and social service agency directors. A representative of the council is elected to the DORS State Consumer Advisory Council. The council meets quarterly to review programming, address problems, and advise on school operations.

The executive board of the Parent-Staff Council (PSC) meets bi-monthly. Each year a carnival is held to raise funds necessary to enable the children to take class trips. The PSC often contacts state legislators to increase the school's public support. The Council also assists in planning for physical and programmatic improvements in the Center.

III. ADMISSIONS PROCEDURES

In accordance with DORS' Rules and Regulations to Govern the Administration of the State Schools . . ., the Illinois Children's School and Rehabilitation Center (ICSRC) shall admit students with severe physical and health impairments between the ages of five and twenty-one who reside in Illinois, if space is available, provided:

1. The student has been identified by a qualified physician as severely handicapped by cerebral palsy, muscular dystrophy, spina bifida, or other physical and health impairments, and

2. It has been determined through an application and evaluation process that the ICSRC can provide an appropriate program.

    a. Attestation by local school district or others that the student can be more appropriately served at the ICSRC, or

    b. Recommendation at a multidisciplinary conference that the student be admitted because his or her exceptional characteristics have been determined to be so profound, complex, or otherwise unique that no special education program currently offered by the local school district can adequately or appropriately meet his or her total educational needs, or

c. Determination through appeal procedures that admission to the ICSRC is the best plan for the student.

Referrals for admission to ICSRC are handled by the Social Services Department. Eligibility is determined by an Admission/Discharge Review Committee which is composed of key supervisory staff; specialists in the fields of education, medicine and social service, specifically, a school psychologist; a medical doctor and a representative of the Illinois State Board of Education. The superintendent of ICSRC is designated the chairman of the committee.

A pre-admission study is conducted for each applicant to review current reports regarding needs in the areas of medicine, education, psychology and social services, indicating the reasons for referral and why local resources cannot meet the applicant's needs. Each application must be accompanied by a statement from the local public school which recommends consideration of the applicant for admission to ICSRC.

Upon admission, each child and his/her parents are given a two-day orientation to ICSRC and its programs. Also the initial staffing is held to develop the student's Individualized Education Program.

IV. STUDENT CHARACTERISTICS

During the 4-year study period 148 students attended ICSRC. About 40% of the population had cerebral palsy; 27%, meningomyelocele; with the remainder having other neuro-orthopedic handicaps or health impairments. See Table 1.

Table 1
Primary Handicapping Conditions
1978-1979 Through 1981-1982

Primary Handicap	Total No. of Students	% of Total Pop.
Cerebral Palsy	59	40.2
Cerebral Trauma	8	5.4
Meningomyelocele	39	26.5
Spinal Trauma	15	10.2
Other Spinal Disease	1	.7
Muscular Dystrophy	15	10.2
Neuropathies	3	2.0
Other	7	4.8
Total	147	100.0
Data Not Available	1	

Almost 70% of the students enrolled during the four-year period had handicaps which are congenital, i.e. conditions which result from birth or prenatal development. Approximately 15% of the students had developmental handicaps and another 15%, trauma-related handicaps.

More than 90% of the students had significant secondary handicaps; twenty-one, speech impairments rated as severe or profound; six, profound behavioral disorders; 12, learning disabilities; and 5, other health impairments which interfere with their ability to learn.

Approximately 25% of the students at Illinois Children's School and Rehabilitation Center have severe communication handicaps. These students cannot speak clearly enough for others to understand them nor are they able to write. These students have severe cerebral palsy which affects their muscles in such a way as to preclude control of their movements. These students must rely upon augmentative systems for communication. This inability to communicate through the normal channels (speech and writing) affects their educational program. It is much more difficult to learn to read when the student cannot "sound out" the words. It takes longer to do assignments when the student must rely upon very slow typing, using a volunteer writer, or another piece of specialized equipment. These speech-involved students with cerebral palsy require a great deal of staff time and effort to assist them in achieving their physical, educational and social potential. The population of such students at ICSRC has increased over the years. Better testing and medical advances have saved these young people from misdiagnosis as severely retarded. Technical advances as well as advanced professional knowledge have allowed ICSRC to assist these students to reach their potential.

Only 6% of the initial referrals were from LEA's; 38% were referred by public agencies; 32% by parents; and 24% by private entities, e.g., nursing homes, etc. Nevertheless, all of the students' admission reports included statements from local public schools recommending admission. As shown in Table 2, about 71% of 148 students were from Cook and surrounding counties with an additional 11% from other northern counties.

Table 2
Area of Residence
1978-1979 Through 1981-1982

Area of Residence	Total No. of Students	% of Total Pop.
Cook County		
Outside City of Chicago	24	16.3
City of Chicago	65	44.2
Surrounding Counties[1]	15	10.2
Northern Illinois	16	10.9
Central Illinois	14	9.5
Southern Illinois	10	6.8
Out of State	3	2.1
Total	147	100.0
Data Not Available	1	

[1]Chicago-area suburban counties (DuPage, Kane, McHenry)

The reasons given and recorded for admission to ICSRC are: 1) no local facilities available; 2) recommended by local school authorities; 3) no appropriate placement available in local school; 4) recommended by social agency because of unsuitable home environment; 5) multiple reasons; and 6) medical problems too severe for local school. Over half the students included in the 4-year study period were admitted because "no appropriate placement was available" in the local school; however, each year from 1978-79 to 1981-82, the proportion of such children has decreased. According to the school's records, the proportion of students admitted on the basis of "unsuitable home environments" increased from 27% to 36% over the 4-year period.

More than 83% of students are above 12 years of age with 43% in the 14-17 age range. About 11%, although above preschool age, had received no formal schooling prior to admission to ICSRC; eight such students were enrolled in the 1981-82 school year. Over 67% of the students were in kindergarten to 8th grades prior to placement at ICSRC. Many of them are now in ungraded classes (22%) or advanced to the high school grades (25%). Fifty percent remain in K-8; over 4% are in ICSRC's preschool program. Only 11% of the students are from foster homes or deemed wards of the state; however, during holiday or summer breaks, many of the students do not visit their homes.

Data were collected about the students' home living arrangements. More than half of the students are from two-parent households. Thirty-eight percent of the students enrolled during the four-year period are from families with a single parent; 3% have foster homes; 7% are wards of the state without foster home placement; 1% of the students are from institutions.

Length of Stay for Current Enrollees

Sixty-seven percent of the current enrolles have been at ICSRC five years or less, 21% from six to ten years and 11% have been enrolled up to 13 years. (Table 3).

Table 3
Length of Stay
Enrollment 1981-1982

Years of Enrollment	No. of Students	% of Total
0-5	60	67.4
6-10	19	21.4
11-13	10	11.2
Total	89	100.0
Data Not Available	3	

Reasons for Discharge

There are various reasons given for discharge from ICSRC, as listed in Table 5. Of 55 discharges, approximately 33% (18) graduated. An equal percentage of students' parents withdrew them from the facility. Six students died, 3 students withdrew themselves, 5 could not benefit from the program, 3 exceeded age 21, and 2 children were discharged due to disciplinary problems.

Of 15 students withdrawn by their parents, 6 returned to their local schools, 2 enrolled in homebound education programs, 4 moved out of state and 1 entered an independent living center. In one instance, the parents were unwilling to continue to be separated from their child; one child was withdrawn against the wishes of ICSRC and the local education agency.

Table 4
Reasons for Discharge
1978-1979 Through 1980-1981 School Years

Reason for Discharge	No. of Students	% of Total
Graduated (Received high school diploma)	18	32.7
Parent Withdrew Child	18	32.7
Deceased	6	10.9
Withdrew Oneself	3	5.5
No Program Appropriate	5	9.1
Exceeded Age 21 (Received certificate of achievement)	3	5.5
Disciplinary	2	3.6
Total Responses	55	100.0

Grade at Discharge

Nineteen of the students were discharged at the 12th grade level, 8 were in the 10th or 11th grade, 7 were in the primary grades (1-6) and 6 in ungraded classes. A few were in kindergarten (3) or junior high school (2) at the time of discharge.

Age at Discharge

A significant proportion of the residents discharged from ICSRC were from 18 to 21 years of age. The average age at discharge is approximately 15.

Follow-Up

Although ICSRC does not have a systematic method for follow-up on its graduates, many of the students keep in contact with the school. Most high school students are referred to vocational rehabilitation for further services when appropriate.

Almost half of the graduates continue their education in college or obtain employment. Graduates are defined as the students who receive either high school diplomas for completion of the program or certificates of achievement at age 21. From 1978 to 1981, eighteen individuals received high school diplomas and three received certificates of achievement.

V. PROGRAM OFFERINGS

The programs and services at ICSRC are as follows: Education, including primary, elementary, pre-high, high school, vocational and basic education, communicative disorders, physical education and recreation; Rehabilitation Services, i.e., medical, nursing, nutrition/dietary, physical therapy, occupational therapy and residential child care; Psycho-social Services, i.e., psychology, social services and the chaplain; Independent Living; and the Volunteers Program.

Education

ICSRC students, about two-thirds of whom are in the primary and elementary school programs, attend classes within the facility every weekday, except during holiday recesses and summer vacations.

Primary Level

The primary program consists of readiness through second grade. Students for the most part are taught in self-contained classrooms for approximately one-half day. The remaining day is spent either in therapy or the Learning Center. There are three and one-half primary teachers with a caseload of about nine students each. The average classroom size is about five to six students for a ½-day session. The primary emphasis at this level is to provide the basic foundations for reading, math, and oral and written communication. Second to this would be understanding oneself, how to stay healthy, the community, community helpers and growth towards independence.

Elementary Level

The Elementary Program consists of third through fifth grades. There are three elementary teachers with a caseload of about ten students each. The average classroom size is six. Classes at this level are departmentalized. Students are grouped according to their ability in each subject area. The major emphasis is on expanding and refining communication skills, reading and math. Second to this is further developing knowledge in health, social studies, science and vocational education.

Pre-High School

The Pre-High School (Junior High) is a three-year program consisting of the following:

1st Year - reading, language, mathematics and geography
2nd Year - reading, language, mathematics, health and guidance
3rd Year - reading, language, mathematics, science and social studies

It is possible that a student could be promoted to high school prior to the end of the third year, but this would be based upon the student's age and potential for receiving a high school diploma. In the final analysis, the disposition of each student is determined by the administration, which takes into account the recommendation of the teachers.

High School

The High School is a four-year program with a two-track system. The courses offered in the college preparatory track are: four years of English, two years of foreign language, three years of science, algebra, geometry, U.S. history, civics, psychology/health, and vocational education. The general track consists of courses offered to those students who do not have the potential to attend college. The courses offered are: English (three years), general mathematics, general science, general biology, U.S. history, civics, psychology/health, vocational education, bookkeeping, general business, typing, geography, world history and black history. Next year ICSRC will offer a course on the use of the calculating machine.

The educational programs meet the standards for all public schools in the state and are approved by the Illinois State Board of Education.

Basic Education

The Basic Education Program is available to students, 14 years of age or older, who are not academically oriented. The program offers daily living skills, e.g., communication techniques, money management, health, self-care and vocational education.

Vocational Education

Because of the severity of the current students' handicaps, the vocational education program is becoming a much more important part of the Pre-High and High School programs.

The Vocational Education Program provides instruction and guidance to assist sutdents in developing positive habits, attitudes and values relative to the work ethic. The career education phase of the program includes courses in data processing, wheelchair maintenance, journalism, budgeting and computer programming. The pre-employment skills class helps students acquire job-seeking skills. The Cooperative Work Training Program provides jobs for the students including volunteer and paid situations on- and off-campus.

Throughout the program interest inventories are conducted by the occupational therapy staff, or by other facilities such as Jewish Vocational Services, the Rehabilitation Institute of Chicago, Goodwill Industries and Westtown Workshops.

The vocational education counselor attends all staffings and works with the other service units to achieve each student's goals as delineated in the IEP.

The Secondary Work Experience Program, in conjunction with DORS' vocational rehabilitation program, allows students to earn school credit as well as obtain vocational evaluation and on-the-job training. Sixty-four percent of the sixteen-year-olds are involved in this program. Emphasis is placed on communication skills, work adjustment, money management, leisure education, social skills and cooking.

Communicative Disorders

Communicative Disorders Service is charged with insuring that each student reaches his maximal potential in communication skills. Students with communication handicaps are seen for one or more of the following therapy activities:

1. Direct work on oral musculature. This may include feeding activities, swallowing, tongue and lip control and/or specific work on articulation.

2. Augmentative communication systems for students whose speech alone is not adequate for effective communication. Evaluation of physical and educational abilities provides guidance in determining form and content of the system. Both non-electronic and sophisticated devices are considered to find the system or systems which best suit the students' individual needs. Communicative Disorders is responsible for fabrication, repairs and updating of communication systems.

3. Learning disabilities (language). Communicative Disorders Service includes direct therapy and consultation with the classroom teacher and other services in providing communication therapy. Communicative Disorders Service strives to keep abreast of current developments in the field through workshops, organizations, manufacturers, and other efforts to ensure that the students receive the benefits of current technology.

Physical Education and Recreation

The Physical Education and Recreation program (which now has no staff) contributes to the total growth, development and fitness of the handicapped children through physical activities. The adapted program is one of developmental activities, games, sports and rhythms suited to the interests, capacities and limitations of the students who could not safely or successfully engage in an

unrestricted physical education program. Program activities include fundamental motor skill instruction, ball-handling skills (throwing, catching, rolling, bouncing), badmintor, bowling, billiard, tennis, archery, golf, basketball, softball, football, floor hockey, volleyball, soccer and wrestling. In addition, students are involved in community activities, e.g., trips to forest preserves, church services, museums, beaches, and concerts.

Volunteers from the Devon Taekwon-do Academy teach students self-defense philosophy and through the martial art "taekwon-do".

Rehabilitation Services

The Rehabilitation Department of ICSRC is composed of medical, nursing, dietary, physical and occupational therapy and residential child care services.

Medical Services

Medical treatment and guidance of the physical rehabilitation program are carried out by the staff physician, supplemented by medical consultants in basic specialties including orthopedics, neurology, psychiatry, urology, ophthalmology, laryngology, gynecology, radiology (including x-ray technologist), and dentistry (including dentist and hygienist).

The staff physician examines students daily. He reviews consultant recommendations and orders treatments. He is on call the remainder of the day.

Nursing

The nursing staff are actively involved in students' health maintenance. They assess and screen all health referrals to the physician. Nurses provide emergency treatment and life support during health crises of both students and staff. They routinely administer medications, apply other treatments, perform health assessments with the appropriate interventions and/or referrals, supervise student self health care, provide student-family health instruction, coordinate and ensure continuity of health program with training.

Nutrition/Dietary Services

The Nutrition/Dietary Service at ICSRC is a vital part of the total program. A one-half time registered dietician coordinates all the aspects of the service. The major tasks of the service include conducting initial nutrition evaluations with students and their parents; re-assessing nutritional statuses annually or as indicated; participating in all staffing reviews; calculating individualized therapeutic diets based on medical orders; supervising and monitoring the (contractual) food services staff; and providing three meals per day, plus a snack for students.

Physical Therapy

Physical therapy services are provided to children to maintain and enhance range of motion and mobility skills, and to upgrade independence and developmental levels. Gait training, chest physical therapy and hydrotherapy are major components of physical therapy. Children are evaluated upon admission and treatment is provided as needed.

Occupational Therapy

Occupational Therapy emphasizes an integration of the process of human development and the performance of functional skills physically and psycho-socially. Through various developmental sensory and motor experiences efforts are made to lessen/eliminate the effects of disability and enable the students to adapt functionally in their environment to achieve their maximum potential. Treatment may include fabrication of assistive devices and positioning aids, therapeutic feeding, sensory motor development and/or the development of independent living skills (including activities of daily living, homemaking, mobility, pre-vocational assessment, and shopping skills).

Residential Child Care

The Residential Child Care Program is responsible for managing the students' living units; monitoring students' behavior; acting as surrogate parents reflecting love, security and control; feeding, dressing, bathing, toileting students or assisting in those areas; and facilitating the processes initiated and encouraged by the medical, nursing and the therapy staffs.

Psycho-Social Services

The Psycho-Social Services Department consists of psychological and social work services and the school chaplain.

Psychology

The psychology program (administered by the registered clinical/school psychologist) evaluates all psychological reports submitted as part of each applicant's pre-admission study; conducts triennial re-evaluations; administers and scores achievement and personality tests, providing psychotherapy services to students as needed; and works with parents when necessary.

Social Services

The social services staff is responsible for all intake of referrals to to ICSRC; for educating family and community agencies as to the eligibility criteria for accepting students; for providing individual and family counseling and casework for each student; and for securing resources to ensure the continuation of the child-family bond. In

addition, the social services staff provides field instruction to graduate students of the University of Illinois, Jane Addams School of Social Work.

Chaplain

The chaplain's services include individual and family counseling in the religious and emotional issues surrounding severely handicapping conditions. Also the chaplain provides training for students and staff in the area of death and dying and conducts memorial services when a student dies.

Volunteers

The Volunteer Program enhances all programs. There are approximately 60 volunteers in the program. They were recently voted one of the top three volunteer programs in the state. During 1982 the volunteers contributed 9,600 hours of total dedication in every service area of Illinois Children's School and Rehabilitation Center.

Individualized Education Program

In order to meet the needs of ICSRC students appropriately, an Individualized Education Program (IEP) is completed on each student. The IEP outlines the individual program needs of the student. IEP staffings are held yearly; they are monitored by the school principal or assistant principal and include representatives from each service unit. Parents and special educational school districts are invited to attend.

Independent Living

Independent Living services are provided by all other service units within ICSRC. Each unit directs efforts toward the students' maximum levels of independence in one or more important areas, e.g., self-care, mobility, social interaction, use of elevators, budgeting, cooking, functioning in the Chicago community, etc.

VI. PERSONNEL AND BUDGET

Currently personnel at ICSRC includes approximately 109 full-time staff as categorized into six functional areas -- Administration, Education, General Support, Medical and Therapy, Child Care and Maintenance. In addition, a number of part-time contractual staff are hired to provide music and art instruction, medical care, pastoral services, janitorial services, food services, rehabilitation and residential services.

The appropriation for FY '84 is $2,837,900. Given that ICSRC plans to serve 85 students during FY' 84, the average cost per student will be approximately $33,000.

The building occupied by ICSRC was acquired in 1966 at a total cost of $3.6 million. The gross square footage equals 125,840, covering 4 floors. Additional facilities which have been built during the past two

years include a park specially designed for use by handicapped individuals and a swimming pool. Purchase of the hydraulic lift needed in the swimming pool and other capital improvements has been delayed.

VII. ISSUES AND RECOMMENDATIONS

A. Health Care Capacity and Staffing Needs

ICSRC's mission has remained one of providing a range of supportive health maintenance and therapy services to severely physically handicapped, health-impaired students. The level of severity and the multiplicity of the current students' handicaps have continued to increase. The current staff levels are not sufficient to continue serving the present enrollment of 85 students in a quality manner. Data gathered through staff interviews and site visits conducted within the past year by health professionals indicate that more staff are needed in the areas of physical therapy, occupational therapy, nursing, communication disorders, recreation therapy, child care, pediatrics and health care administration. Without additional staff in these areas, the health care aspects of the ICSRC will be inadequate (Note: Subsequent to the site visits, staffing levels have been reduced even further.)

Recommendations

1. Modify ICSRC's program of services to reflect additional emphasis on health maintenance and rehabilitation programming. Further, the health care staff should be increased in number, position and training to ensure proper care of the children.

2. Using the site visit summary as a basis, conduct or cause to be conducted an in-depth analysis of specific health care needs at ICSRC. Based upon precise units/areas of health care required for each child, determine a) the number and qualifications for specific positions required to operate and coordinate effectively a program of quality and b) the areas in which training is needed.

3. Seek adequate funding and prepare ICSRC's budget to reflect the necessary staff increases and enhancements in areas related to health care.

4. If the appropriation to the school in a given year will not support the required level of health care staffing, either lower the number of students or enroll a mix of students whose needs are not as severe as those of current students, thus ensuring quality health care for as many children as can be appropriately cared for within the budgetary constraints.

5. Establish an external panel of health professionals, or modify the contractual arrangements with current health consultants, to assist ICSRC in areas related to quality assurance and self-evaluation of health care programming.

6. Pursue legislation to strengthen the relationship between ICSRC and the Division of Services for Crippled Children at the University of Illinois.

B. Screening for Home Care

Recent legislative initiatives have resulted in the development and the enhancement of services available through DORS, e.g., the Home Services Program, and through the LEA's, e.g., more related services for handicapped children. Therefore, it is even more imperative that DORS ensure that any student admitted to ICSRC cannot be served in the local community despite the availability of appropriate interventions such as attendant care, home health care, and training in self-care, etc.

Recommendations

1. Continue reassessing currently enrolled students to ascertain that each student's medical condition and needs preclude his education in the local district. Students who have severe medical problems, but who can be educated with appropriate supportive services at the local level should be returned to their homes, if feasible. This action requires coordination and cooperation among the ICSRC staff, the students, their families, the LEA's, the Division of Services for Crippled Children, and in several cases, the Department of Children and Family Services.

2. ICSRC's eligibility criteria should be reviewed to determine the feasibility of admitting only those students who meet the current criteria and who also have undergone a "home services screening procedure" to determine whether DORS' Home Services Program could be employed to facilitate the students' remaining in the home communities and participating in local education programs.

3. ICSRC's social work staff must continue to maintain contact with the family, assuring interaction with the student and continually preparing the child and the family emotionally and conceptually for his/her return home. This work should be done in cooperation with DCFS, as appropriate.

C. Health and Educational Needs of Students

It has been noted that the severity and the multiplicity of the students' health and educational needs may lead to shortfalls in one or the other area during the school year. If health needs demand that students spend time in the hospital, then essential

classes are missed. Further, there is a pressing need for ongoing coordination and planning among ICSRC's program areas to ensure that all students' needs are addressed in a timely, appropriate manner.

Recommendations

1. Closely coordinate all aspects of care needed by each student. This recommendation may require reorganization of the school or employment of a health professional experienced in coordination of services for handicapped children in a residential setting.

2. Ensure that each student is provided an opportunity to benefit from all of the services s/he requires pursuant to the student's Individualized Education Program (IEP). While it is recognized that some students may require programming during the summer to compensate for health problems or educational deficits experienced during the regular school year, summer school at ICSRC should be rejustified on an annual basis. If the students can possibly spend the summer in their home environments, ICSRC should ensure that they do so.

3. If the number of students in need of summer programming is fewer than necessary for cost-effectiveness and staffing purposes, then DORS should ensure that the required services (either health- or education-related) are provided to the students in their home settings. This action will require strict coordination with the families of the students, the Division of Services for Crippled Children, the Department of Children and Family Services and the LEA's.

D. Independent Living and Vocational Rehabilitation

Issue Description

The ultimate goal of special education and rehabilitation is independence to the greatest extent possible for each individual. ICSRC has set aside an "apartment" so that students showing sufficient maturity and progress in other appropriate areas can experience a degree of independent living to help them prepare for life outside ICSRC. In addition ICSRC offers a variety of on- and off-campus vocational experiences for students. However, students must have an opportunity to obtain the full range of independent living skills needed to function at their maximum levels of independence in society.

According to available data, of 22 graduates (1978 to 1981), 10 either enrolled in college or were employed. The remaining students were hospitalized, became homemakers, or were placed in nursing homes or independent living centers. Self-care is a

necessary part of independent living. Many of the children are dependent upon others in the areas of feeding, toileting, dressing, and personal hygiene. A systematic method is needed to evaluate each child's independent living needs and progress toward meeting those needs.

Recommendations

1. Develop and maintain agreements with independent living centers in the Chicago metropolitan area to ensure that students are prepared for post-ICSRC functioning. The agreements should include provisions for an assessment of each student's functional capacities in areas pertinent to individual circumstances and specific actions to remedy deficit functioning through the IEP process.

2. Prepare an independent living core curriculum which will tie together all ICSRC programming into a goal of maximizing the students' independent living potential and provide training in the skill areas necessary for the students to meet this potential.

3. Develop an Education-Rehabilitation Program Emphasis, specifying ways and means of maximizing the experience, knowledge, programs and dollars available for the benefit of handicapped children. This program emphasis will reflect actions being taken at the national level within the Department of Education to "ease the transition from special education to job training . . ." (Handicapped Americans Reports, December, 1982).

4. The SWEP program should include more specific vocational evaluation, realistic work experiences and skill acquisition. Restrictions currently included in SWEP, but developed for day schools, should be removed from ICSRC's vocational rehabilitation programming. Intensify the VR counselors' involvement to coordinate the students' IEP's and IWRP's.

5. Strengthen ICSRC's vocational/technical department to provide a range of workshop vocational activities consistent with student ability. These services may be on campus or purchased from nearby rehabilitation facilities. The feasibility of these options (programmatically and fiscally) should be explored.

E. Resources to Local Schools

Issue Description

Most of the children in Illinois who have severe physical handicaps attend special or regular day classes in their home communities, and the LEA's are responsible for providing, arranging for and/or ensuring that the children receive "related services" as required by P.L. 94-142. Often the local education agencies have to

purchase the services from a myriad of providers, thus requiring that the students miss participation in essential education classes.

Recommendations

1. Initiate planning with the local public school districts for comprehensive programming for severely physically handicapped children. There must be a high degree of coordinated planning among LEA's, ICSRC and other public and private agencies if the needs of severely physically handicapped children are to be appropriately met.

2. Work with the Illinois State Board of Education to determine whether it would be beneficial to develop a package of services including short-term intensive courses, independent living skills, occupational and/or physical therapy, and/or diagnostic services for students of local programs. If there is sufficient need to warrant the programming, ICSRC should begin immediately developing project proposals for inclusion in budget submissions.

F. Reasons for Referral/Admission

Issue Description

Forty-eight (34%) of 148 students admitted during the 4-year study period were admitted due to "unsuitable home environments". The number of students in this category consistently increased each year from 23 in 1978 to 31 in 1981. Further, referrals of most of these students to ICSRC were initiated by social agencies, e.g., DCFS. Related to the reasons for referral is the student's level of independence in specific functional areas, e.g., hygiene, grooming, eating and bathing. Last school-year (1981-82) 30 of the students functioned totally independently in these areas.

Recommendations

1. Assign a social worker to assess the situations of the students admitted due to unsuitable home environments. Determine whether changes have occurred in the home communities. Initiate actions to return those students to the local communities when feasible. Collaborate in this effort with DCFS, the respective LEA's and DORS' Home Services Program.

2. Discontinue accepting as a reason for admission, "recommended by social agency because of unsuitable home environment".

G. Technology in Education and Rehabilitation

Issue Description

Keeping pace with technology in the areas of medicine, e.g., therapy and care, and education, is essential to the new directions of the school. Although this is a high-cost item for the Department, it cannot be neglected if ICSRC is to remain viable in the field of special education.

Currently ICSRC's staff maintains working relationships with rehabilitation engineering programs to keep abreast of adaptations available for students.

Further, staff screen new equipment as a part of their relationships with equipment developers and manufacturers.

Recommendations

1. Enhance the school's programming in computer-assisted instruction.

2. Provide staff development and continuing education to ensure that staff is knowledgeable of technological advances in the areas which affect ICSRC's students.

A Plan for the Future Direction of the Illinois School for the Deaf

Illinois Department of Rehabilitation Services

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I. OVERVIEW

Deafness is generally considered to be an impairment of receptive communication which may create a profound obstacle to the development of self-concept and to the acquisition of accumulated understanding of society. When deafness is present at birth or occurs prior to the child's development of language skills, it results in an additional expressive handicap. Deafness and lack of speech combine to isolate deaf children from people with hearing. This isolation is reflected in the problems of socialization for deaf children as well as in difficulty in establishing relationships with family and other persons.

To overcome these obstacles, deaf children need specialized education services. First, teachers, psychologists, social workers, and other associated staff must be capable of communicating with deaf children in their own mode, such as sign language. Second, special emphasis must be placed on the development of language skills, including signing and speech. Third, facilities, equipment and learning materials must be designed to use residual hearing effectively and to maximize the visual basis of education for deaf children.

Deafness is a low-incidence handicap affecting one in 1,000 students. This means that in many smaller school districts it is difficult to provide the specialized services required. In response to this situation, many local educational agencies have developed cooperative programs to achieve sufficient class sizes. In some rural areas it may be impractical and more restrictive to group together LEA's because the geographic areas covered would involve extensive student transportation. The existence of secondary handicaps may further affect the appropriateness of the placement of students in local/cooperative programs. In addition, in some LEA's a practice exists wherein most high school level students are referred to ISD. Because of these issues ISD has received the greatest number of referrals of any of the three DORS-operated schools.

Background and Mission of ISD

The legislation that established the Illinois Asylum for the Education of the Deaf and Dumb was passed during the eleventh session of the General Assembly at Vandalia in 1839. This provided for a "corporation" or board of directors to build and operate the school. The school was started on six acres of land that was purchased by citizens of Jacksonville. Construction was initiated in 1842 and the first building was finished in 1845. The first class of 4 pupils was enrolled in 1846.

Between 1848 and 1871 the original building was expanded, making it possible to enroll a greater number of students. Through the years, the campus was expanded and developed while enrollments increased. Meanwhile academic and vocational courses were offered and extracurricular activities were introduced. Prior to the Civil War, the prime method of educating the deaf consisted of manual communication.

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After 1867 instruction was introduced in lip reading and speech in some schools. There developed a long-standing debate between educators favoring exclusive manual or exclusive oral communication. ISD pursued a course that offered both manual and oral communication. In recent years a "Total Communication Method" was adopted. This provides students with the advantages of both methods and better utilizes all communication modes of each child.

Special education has changed in the past 143 years. Since 1965, an increasing number of local schools have undertaken the task of educating deaf and partially hearing-impaired children. This has resulted in a greater proportion of deaf students remaining at home. Individual and group amplification has been developed to make the most of residual hearing, thus enabling more hard-of-hearing children to be educated in their local districts. Educators recognize the need for a full continuum of placement alternatives and support services to meet the needs of deaf students. Thus, many students are taught at both local day schools and at ISD depending upon their Individualized Education Programs. As a result, the enrollment at the Illinois School for the Deaf has ranged between 350 and 400 students in the past few years.

The role of ISD today is to provide comprehensive education, child care, and related services for children with severe hearing impairments who cannot be served appropriately in their local school systems and for whom ISD has appropriate programs. The common goal of LEA's and ISD is to prepare students for productive, well- adjusted, responsible citizenship.

II. ADMINISTRATION

It is beneficial to examine the internal administration of ISD from two perspectives: structure and function. Structure deals with the relations among the operational departments of ISD; this basically examines the lines of authority and responsibility. The functional examination of ISD administration deals with the central operations that keep the school going.

The internal organizational structure of ISD's administration begins with the superintendent's office. The superintendent is the chief executive officer and has authority over all departments at ISD with the exception of the Business Office, which reports to the DORS central office. Department heads are responsible to and report directly to the superintendent. The head of the instruction department is the assistant superintendent. The instruction department includes the elementary school, junior high school, high school, physical education unit, and the vocational emphasis unit. The diagnostic prescriptive program is supervised by the head of education evaluation services.

The administration of ISD functions in conjunction with two councils and a committee. The Administrative Council consists of the heads of the instruction, child care, social services, education evaluation services, instructional media, business administration, staff development and personnel departments. The superintendent directs the Administrative

Council. The entire council meets weekly; individual department heads meet formally with the superintendent about every other week and as needed. The purpose of the Administrative Council is to share information and to develop and maintain coordinated efforts among the departments of ISD. Department heads who are not regular members of the Administrative Council (health center, physical plant) also meet with the superintendent as needed.

The Advisory Council is composed of consumers, citizens, parents, and experts who are interested in the education of the deaf. The Advisory Council meets four times each year to deal with selected policy questions. The superintendent attends meetings of the council and there is a sense of close cooperation and unified direction.

The Admissions Committee is convened by the head of the social services department when the admission applications and diagnostic/evaluation reports on prospective students are ready for consideration. The Admissions Committee is composed of appropriate administrative staff and a representative of the Illinois State Board of Education. The Committee makes its recommendations individually and as a whole to the superintendent of ISD.

III. ADMISSIONS PROCEDURES

In accordance with DORS' Rules and Regulations to Govern the Administration of the State Schools . . ., the Superintendent of the Illinois School for the Deaf (ISD) shall admit students with severe hearing impairments between the ages of four and twenty-one who reside in Illinois, if space is available, provided:

1. The student has been identified by an otologist as having a hearing impairment, and

2. It has been determined through an application and evaluation process that the ISD can provide an appropriate program.

    a. Attestation by local school district or others that the student can be more appropriately served at the ISD, or

    b. Recommendation at a multidisciplinary conference that the student be admitted because his or her exceptional characteristics have been determined to be so profound, complex, or otherwise unique that no special education program currently offered by the local school district can adequately or appropriately meet his or her total educational needs, or

    c. Determination through appeal procedures that admission to the ISD is the best placement for the student.

The Admissions Committee determines the most appropriate placement for each applicant, considering individual needs and capacities. This determination does not necessarily result in placement at ISD. For example, during the '80-81 school year, 60 students applied for

admission and 46 students were admitted that year. The following is the disposition of the referrals of the 14 students not admitted:

5 - referral withdrawn by parents
5 - pending at time of report
2 - referrals rescinded by LEA's
2 - referred to DMH/DD for appropriate placement

IV. STUDENT CHARACTERISTICS

During the 4-year period covered by the study, a total of 560 students were enrolled at ISD. There was a 9% decline in the number of students enrolled in a given year from 385 in school year 1978-79 to the 1981-82 level of 351. The number of students (453) enrolled during the 1978-1979 school year includes students who left the school for the 1978 summer vacation and were not actually discharged from the records until September or October 1978. Based on annual reports from ISD, it would appear that 385 students were enrolled at the end of the 1978-1979 school year.

The age structure of students attending ISD changed little over the study period (see Table 1). More than 52% of the current students were born between 1963-65. In 1962 and 1963 the United States suffered an epidemic of Rubella (German Red Measles). Due to epidemiological factors, the exact number of students at ISD with Congenital Rubella Syndrome cannot be determined.

As shown on Table 1, the year-by-year enrollment for students born during the "Rubella Bulge" began to decline slightly in numbers, but has continued to increase in proportion to other students. However, the trend seems to indicate the potential for further reductions in enrollments when students born during the "Rubella Bulge" start to graduate.

Table 1
ISD ENROLLMENT
Comparison of Birth Year by School Years:
1978-1979 Through 1981-1982

Birth/year	Number of Students School Year 78-79	School Year 79-80	School Year 80-81	School Year 81-82
1958	6	1	-	-
1959	21	6	3	1
1960	40	24	-	-
1961	45	42	28	3
1962	36	36	29	13
1963	45	45	39	34
1964	88	95	90	85
1965	68	74	72	65
1966	29	34	33	40
1967	16	17	17	20
1968	16	17	16	19
1969	13	13	13	16
1970	9	8	7	9
1971	4	11	11	11
1972	8	7	7	9
1973	4	5	5	6
1974	3	6	6	7
1975	2	2	2	4
1976	-	2	2	3
1978	-	-	-	1
1979	-	-	-	2
1980	-	-	-	1
Total	453	445	380	349
Data Not Available	0	1	1	2

About 95% (475) of the students have a profound or severe hearing loss in the better ear with onset at birth or by age 2. There has been a shift in the proportion of profoundly deaf students from 83% in the 1978-79 school year to 87% in 1981-82. The onset of hearing loss is important as a factor related to the acquisition and development of language skills. This also has a monumental impact on the socialization process because interpersonal communication is severely limited.

Other handicapping conditions in addition to deafness cause a number of problems for ISD students. About fifty percent of the students have secondary handicaps such as emotional disorder, social deprivation, cerebral palsy, epilepsy, heart condition, learning handicap, mental retardation (generally educable mentally handicapped), or visual loss. As shown on Table 2, ISD's records show that the proportion of students with reported secondary handicaps has been decreasing. In the 1978-79 school year 54% of the students had secondary handicaps, while in the 1981-82 school year 45% had secondary handicaps. There could be a number of hidden variables related to the reporting process

for secondary handicaps. As some conditions become more common and incorporated into ISD's programs, there may be less awareness of their distinctness and hence less reporting. Some conditions, such as educational and social deprivation, are difficult to document and therefore may be recorded inconsistently.

Table 2
Comparison of Secondary Handicaps
by School Year: 1978-1979 Through 1981-1982

	Number of Students			
Secondary Handicap	School Year 78-79	School Year 79-80	School Year 80-81	School Year 81-82
Cerebral Palsy	15	15	12	11
Aphasia	6	4	2	-
Emotional Disorder	48	43	39	29
Educational-Social Deprivation	43	42	34	29
Mental Retardation (EMH)	9	9	5	5
Medical-Physical	21	20	15	11
Visual Loss	6	5	4	4
Other	86	88	70	59
None Reported	208	208	192	193
Total	442	434	373	341
Data Not Available	11	12	8	10

The reasons given for referral to ISD range from specific, such as "no local facility" or "no appropriate placement at local school" to non-specific, e.g., "recommended by LEA" or . . . "unsuitable home environment". Usually rural areas with few deaf students refer students because there is no local facility or no appropriate placement at the local school. Certain LEA's send older students or those who have secondary handicaps. Sixty-nine Illinois counties referred at least one student each to ISD during the 4-year study period. (See Table 3)

Table 3
Comparison of County of Residence by Birth Year
1981-1982 Attendance

County	Number of Students Birth Year 59-68	Birth Year 69-80	County	Number of Students Birth Year 59-68	Birth Year 69-80
Adams	6	3	Lawrence	1	-
Alexander	1	-	Lee	4	-
Brown	1	-	Macon	3	5
Bureau	1	1	Macoupin	1	-
Calhoun	1	-	Madison	17	2
Carroll	1	-	Marion	4	1
Cass	3	3	Mason	1	1
Champaign	5	-	McHenry	2	-
Christian	2	1	McLean	2	-
Clay	0	1	Menard	0	1
Clinton	1	-	Monroe	1	-
Coles	2	-	Montgomery	1	-
Cook (all)	33	11	Morgan	25	19
Cook (except Chicago)	(15)	(6)	Moultrie	1	-
Chicago	(18)	(5)	Ogle	1	-
DeKalb	3	-	Peoria	3	1
Douglas	1	-	Pike	3	1
DuPage	4	-	Randolph	3	-
Effingham	1	1	Richland	2	-
Fayette	1	-	Rock Island	6	-
Greene	1	2	Saline	1	-
Grundy	2	-	Sangamon	5	1
Hancock	0	1	Schuyler	2	-
Henderson	1	1	St. Clair	21	1
Henry	3	1	Tazewell	6	1
Iroquois	2	-	Vermilion	7	4
Jackson	1	-	Wabash	1	-
Kane	17	1	Washington	1	-
Kankakee	4	-	Whiteside	9	1
Knox	2	-	Will	18	2
Lake	8	-	Winnebago	13	2
LaSalle	5	-	Woodford	1	-
			Total	279	70
			Data Not Available	2	

Nine counties (Adams, Cook, Kane, Lake, Madison, Morgan, St. Clair, Will and Winnebago) referred 53% (299) of the students attending during the study period. While Cook County has 46% of the state's general population, only 12.5% (70) of the ISD students are referred from Cook County. On the other hand, Morgan County (the location of ISD) has only .3% of the state's general population, but 9% (52) of the students at ISD were residents of Morgan County. It is occasionally reported that some parents move to Morgan County so their children can attend ISD

and live at home. Thirty-nine counties had very few (3 or fewer) students attending ISD during the study period. These counties were mainly the less populated ones in the state. There were also 33 counties that did not have any students at ISD during the study period. Most of these were rural counties.

Of the students enrolled from 1978 through 1982 ninety-three percent were residential, with 7% (41) being day students. The data show that the 35 day students currently attending ISD are residents of the three counties (Brown, Cass and Morgan) most proximate to ISD. However, 16 students from Cass and Morgan counties are residential students who generally spend weekends at home.

There are some interesting patterns of student age characteristics related to the county of residence. For example, if ISD's 1981-1982 student body were divided by those born before 1969 (roughly ages 13-21) and those born since 1969 (roughly ages 1-12) about 80% would be in the older group. Thirty-eight (93%) of the students from Madison and St. Clair counties are in the older group. Cook County (including Chicago) has slightly younger students with only 75% in the older group. Also (57%) of the 44 students from Morgan County are in the older group.

Achievement Factors

As expected for deaf students, most of ISD's population is not reading at levels equal to the norms for hearing children on standardized tests. The 1980-81 reading scores for the students show that 74% (169) read below the fourth-grade level on the Stanford Achievement Test (SAT). This is only a broad indicator because students of all ages were grouped together for comparison. Reading level is only one indicator of achievement. The reading scores are subscores of a multi-part achievement test. ISD uses several achievement tests (Stanford Achievement Test, Gates MacGinitie and Key Math) depending on the age and level of the student. Although these tests yield a grade equivalent score, there should be some caution in using aggregate scores from several tests. However, a frequency distribution of Battery Mean Scores (and Total Average Scores) provides some insight into academic achievement at ISD. These tests were conducted during 1981-82 with students at 11 grade levels. In this test half of the students scored below the fourth-grade level, but this is better than the SAT reading scores in which 74% of the students scored below that level. The Battery Means reflects high achievement in areas such as math and science that do not rely as extensively on language skills.

When viewed as an aggregate, achievement test scores are somewhat distorted for such a wide range of ages and grades as are found at ISD. Intelligence tests seem to overcome this obstacle. ISD employs several intelligence tests (Wechsler Intelligence Scales for Children and Adults, Leiter Intelligence Test, Hiskey-Nebraska Learning Aptitude Test, and The Goodenough-Harris) again depending on the age of the student and appropriateness of the instrument. The ISD intelligence test scores show that 49% of the students score in middle range between 90 and 109. There are 71 students (21%) who score at the 110 level or

higher. There should be some caution in dealing with aggregates of IQ scores because of the possible lack of comparability between tests and the lack of validity in such aggregates.

The academic dimensions of deafness cannot be entirely analyzed by grade placement, reading test scores, achievement test scores, or IQ's. Language is a critical component of education and is mainly developed through hearing speech. The Clark School Speech Intelligibility Test (CSSIT) shows that 78% (223) of the current students scored at the 50% level or lower. This means that less than half of the words these students speak can be understood. This score is reflective of the entire student population. Substantive gains in those scores on an individual basis have been achieved where language education speech training has been provided over an extended period of time.

Ratings on several functional capacities for the current students were based on a standardized rating scale, the "Behavior Rating of Child (BROC)". Students were rated by dormitory staff on their degree of independence with consideration given for age-appropriate behaviors. The data show that most of the students currently attending ISD are functioning adequately in the areas of hygiene, grooming, eating and mobility.

V. PROGRAM OFFERINGS

Education

ISD is approved by the Illinois State Board of Education, by the North Central Association of Colleges and Schools, and by the Conference of Educational Administrators Serving the Deaf. Utilizing the total communication method of approach, the school offers a comprehensive program of services: parent-infant, elementary, junior high school, and high school. The curriculum provides for full-time day and residential students from age four to twenty-one and a half-day preschool program for three-year-olds. The parent-infant program, for children 0 to 3, provides education to the children and guidance to their parents.

Administratively, the educational program is divided into elementary, junior high school and high school departments. Each school unit is under the supervision of a principal who is responsible for the educational program. The faculty is composed of educators, educator aides, and tutors in academic subjects and communication skills. A social worker is assigned to each school unit to assist students with unusual and persistent social adjustment problems.

The primary determinant for school unit placement is chronological age: Elementary, parent-infant and grades Kindergarten-6, age 0-12; Junior High School, grades 7 and 8, age 13-14; and High School, grades 9-12, age 15 and older. Within a school unit, grade level and section placement are based on standardized achievement test scores, language and communication skills, projected learning rate, and social inadequacy. Career awareness begins at the elementary level; post-secondary career planning, based on the student's abilities and

aspirations, becomes one of the primary considerations for placement as the student advances through the grades.

The Kindergarten through twelfth-grade courses of study are comparable to those of the standard schools of Illinois. Curricular offerings include academic emphasis, general education, life skills, and prevocational, vocational and physical education. The student's individualized educational program is based on these courses of study. individualized education program goals and short-term objectives are established and implemented at the beginning of each school year. Approximately 85% of the parents attend these annual conferences. Individual student progress is evaluated every nine weeks.

The elementary unit, consisting of parent-infant, preschool, kindergarten, and grades one through six, emphasizes language and communication skills development. Academic subjects are introduced as readiness permits. Pupils are placed in self-contained academic classes or in elementary special classes which are designed for children with learning disorders.

The junior high school (grades seven and eight) offers academic and life skills courses. Classes rotate to a different subject-area teacher each period. Prevocational training in the shops of the vocational department begins at the seventh-grade level.

The high school provides a variety of academic, prevocational and vocational classes. Minimum requirements for graduation include coursework in language arts, mathematics, science, social studies, consumer education, social hygiene, vocational education, and physical education. All students are offered driver education and complete their schedules with elective courses or optional programming. At the 11th- and 12th-grade levels, college preparatory classes are options in the academic emphasis curriculum; general education students may participate in the cooperative education or vocational emphasis work experience programs.

Flexibility in coursework is maintained throughout the students' education to achieve optimum learning and development. Students may carry coursework from two different curricula at the same time.

Integral to all aspects of the program are educational clinical services, school media center services, and curriculum coordination. Educational clinical services include all objective educational, psychological and audiological assessments and provide a team approach to educational problem-solving for students referred by the classroom teacher or the academic tutor. The team, under the guidance of the director, is composed of a psychologist, the audiologist, and one or more of the several clinical educators.

The Instructional Media Center staff provides instructional audio-visual materials and support services for the most effective utilization of multi-media teaching techniques. Areas of emphasis include library

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science and the extensive use of educational television, computer assisted instruction and captioned films programming.

Cooperative Education

Through DORS' Secondary Work Experience Program work opportunities are provided off campus for selected students with private-sector employers such as restaurants, printers, and gas stations. Students working in this program receive competitive wages paid by their employers and educational credit toward graduation. ISD provides a cooperative education program for high school juniors and seniors during and after school hours. Supportive programs include the Instructional Media Center, career planning, occupational therapy, remedial and academic tutoring, interscholastic sports, manual communication for adults, family counseling, and other services.

Residential and Recreational Programs

Programs in the residential and recreational areas are directed toward meeting the daily nonclassroom needs of students and serving as a component of the total educational program of ISD. Eight dormitory facilities are maintained to provide for out-of-school hours, social growth and experiences. Child care staff direct activity and counsel students; supervision is maintained 24 hours a day. Each dorm unit has a supervisor and assigned staff to carry out the daily routine and plan appropriate activities for the age group served. Staff make frequent contacts with parents for an exchange of information, cooperative planning, and problem-solving. Staff are always on hand to meet parents when visiting the campus.

Each residence area has a day room equipped with a television, and kitchen and lounge furniture. A TDD is available to all students. Honors dorms are maintained for students capable of experiencing independent living responsibilities.

ISD students participate in intramural sports programs and pool activities and have daily opportunities to make use of the teen center facility. Many club and special interest activities are ongoing throughout the school year. ISD students have town privileges on weekends or at any time for special concerns. Church services and related social programming are available to all students.

Health Center, Social Services, and Education Evaluation

The Health Center provides necessary medical care to ISD students not requiring hospitalization; staff at the center dispenses medication, performs basic laboratory tests, treats minor injuries and makes referrals when further care is needed.

The Health Center provides services to ISVI students during evenings and on weekends.

Preventive health care is stressed at the Illinois School for the Deaf. General medical supervision, prevention, and intervention are provided by the staff pediatric physician, nurses on staff, and the specialized physicians on contract with the school.

Responsibilities of the Health Center include preliminary assessment of medical conditions to determine if a situation is an emergency which is referred to the local hospital emergency room. Some medical conditions can be handled in the Health Center by the school nursing staff in consultation with the pediatric physician who works part-time for ISD and provides similar services to ISVI.

The dispensing of all prescription medications, paid for or provided by the students' parents, and the dispensing of other medications, e.g., antibiotics, aspirin, laxatives, that maintain a level of healthiness and prevent diseases from reaching epidemic proportions with the school's population, are additional responsibilities of the Health Center.

The specialized physicians on contract include a dentist who does routine evaluations of students who are referred due to an obvious problem, and an ophthalmologist who conducts evaluations of students who fail a vision screening performed by school staff. Neither of the contractual physicians provides extensive services. They make treatment recommendations for the school to refer to the parents for follow-through by their personal physicians. Fillings for teeth or corrective lenses for the eyes are the responsibility of the parents.

Emergency room services, any hospitalization, and prescription medications provided to the student are the responsibility of the parents, the parents'/students' medical insurance, or the Department of Public Aid.

The Social Service Department at ISD performs a variety of functions. Complete permanent, individual records are maintained on each past and present student. The Social Service Department is prepared to respond to inquiries and requests for records from other agencies. The Social Service Department also provides direct services to students and parents. Counseling is provided by the staff social workers to individuals, families, or groups as necessary. The social work staff also acts as advocates for students and representatives of the school in social or family crisis and conflict situations.

The education evaluation service measures and evaluates various dimensions of the students at ISD, e.g. the staff psychologists administer intelligence tests, achievement tests, and personality tests when necessary. Special attention is given to students with behavioral, emotional, mental, or social problems. The staff psychologists are especially trained and have experience in the psychological aspects of deafness. Also, the staff hearing and speech specialist regularly monitors each student's hearing and checks the operation of hearing aids. The education evaluation service also keeps extensive records on student tests and other measurements. These are analyzed on a regular basis and reports are generated.

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VI. PERSONNEL

At the time of the present report ISD employs 277 persons in the areas and skills necessary to support a residential/educational program. (The school is authorized only 257 employees for FY '84) The analysis of this personnel is best viewed by categorizing the staff by operational function.

The categories include:

Administration: This category includes the Superintendent's office staff, staff development and business office personnel.

Education: The assistant superintendent directs the education program which includes the administrators of the elementary, junior high and high school, and all educators, aides and vocational instructors and the staff of the Instructional Media Center.

Child Care: The dean of students directs the child care program, which provides adult supervision at the dorms and recreational workers to direct and supervise recreation activities.

Support Services: This includes the employees of social services and the health center and those of the education evaluation services.

Maintenance/Housekeeping/Dietary: These staff provide dietary services, housekeeping for the dorms and classrooms, security, grounds maintenance, and the trades persons who operate and maintain the power plant and other buildings.

Most personnel at ISD have terms of employment that include only the school year, approximately September through May; they are furloughed during the summer months.

VII. BUDGET

The budget for the Illinois School for the Deaf represents the cost of special education for deaf students in a residential setting. ISD is not exempt from the burdens of inflation. In FY '77, ISD's General Revenue Fund expenditures amounted to $3,924,400. By the end of FY '82 General Revenue Fund expenditures reached $5,592,900, an increase of $1,698,500 or 42.5% over this 5-year period. This growth is due, in part, to increases in certain costs over which the administration of ISD has little control, e.g., merit or step increases plus the statewide cost of living increases have raised the cost of personal services by 36.9%. The cost of goods and services that ISD must purchase during the school year has also increased. The cost of commodities has increased by 34.6%; operation and maintenance costs for automotive equipment have also increased by 93.2% over the past 5 years. During the same period the amount of funding available for purchase of equipment has decreased significantly. Unless appropriations for equipment can be increased, the present stock of equipment at ISD will deteriorate, thus jeopardizing programs and services to students.

The FY '83 appropriated budget is approximately $5,823,500, with a per-student cost of about $16,600 per year.

The total budget for ISD relies on several sources of funds. General Revenue Funds will represent 96.7% of the FY '83 budget for ISD. The school also receives federal funds from two programs through the Illinois State Board of Education. One program is titled, "Supplementary Projects for the Educationally Handicapped Child". These funds pay for salaries of the educator aides, 50% of a library aide, 50% of a clerk stenographer and 60% of the salary for a social worker. Some equipment, supplies and commodities are also purchased with these funds. The Illinois State Board of Education funds for the "Vocational Education Project" purchase supplies and equipment for the project and pay for a vocational education instructor. ISD also receives funding under an instructional field work agreement with Illinois State University to defray the expenses associated with instructional fieldwork of student teachers.

VIII. GROUNDS AND BUILDINGS

ISD was founded with the donation of 6 acres of land in Jacksonville. The original site has been expanded to the west to include a total of 50 acres. The first structure built at ISD was completed in 1845. This three-story brick structure, which is the main building on the campus, has recently been designated a historical landmark. The building currently houses ISD's administrative offices, social services and college student worker dormitories.

The two-story health center was built in 1895. In addition to work space for the staff, there are individual rooms on the first floor for convalescing students. There was no further construction until 1921. At that time the gymnasium and swimming pool were constructed in one building directly west of the health center.

Between 1935 and 1936 four new buildings were constructed with a total of 187,874 square feet of floor space. Bowen Auditorium is a brick structure with seating capacity for about 400 spectators on the main floor and an additional 100 in the balcony. Cullium Hall has been used in a variety of ways over the years, but currently this two-story brick building is being used as a dormitory for selected older male students. Two brick structures were built along West College Avenue. These three-story buildings (units 1 and 2) are currently used for dormitories on the north and south wings and as classrooms in the connecting section between the two wings.

From 1945 to 1957 three buildings were added to the campus. In 1945 another dormitory/classroom unit was built on the north side of the campus with the same floor plan as Units 1 and 2. This building is now used as a high school dormitory. Then in 1949 a laundry building was constructed on the far west side of the campus. In 1957 a single-story vocational building was constructed with special attention to the logistical and environmental needs of industrial education shops.

Between 1965 and 1971 the last four buildings were constructed at ISD. The central dietary building was the first of these and was designed to provide areas for storage, instruction, food preparation, serving and dining. In 1967 the new physical plant was built near the laundry. This building has the steam heating plant for the campus and is the central location for maintenance staff, equipment and operations. The new elementary dorm and classroom building (Unit 5) was constructed in 1968. This two-story concrete structure also has a large activity room that is used for physical education and recreation. The last construction at ISD was the high school, which has a section that is separate from other classrooms for science laboratories. The west wing of the high school building houses the Instructional Media Center with special areas for graphic arts, resource archives, film storage and maintenance and the video studio.

The condition of several buildings pose problems for the health and safety of students and the operational capabilities of the school. Further, because of the halt of capital development and permanent improvement projects, the condition of some buildings is deteriorating and creating new problems which overshadow previous priorities.. The capital development and permanent improvement priorities are, therefore, in a state of change and urgency.

The gymnasium and auditorium are so old and their usefulness has diminished to the extent that they may have to be replaced or major rehabilitation will be required. The administration building cannot be replaced because it is a historical landmark; however, there is a great deal to be done to bring it up to health and safety standards.

IX. ISSUES AND RECOMMENDATIONS

A. Comprehensive Services for Hearing-Impaired Children

Issue Description

Experts in the field of special education for deaf children almost consistently recommend a comprehensive approach to educating such children. They recommend a gamut of specialized services including academic, vocational, social, as well as support services for deaf children and their families. The support services include advocacy; seminars on prevention; screening; diagnosis; treatment; preschool intervention and orientation; family counseling; and constant cooperation with LEA's.

Recommendations

1. ISD should be in the forefront of a comprehensive program for deaf children. Collaboration with the Illinois State Board of Education and the LEA's is imperative. The basic framework for such a program already exists in "A Comprehensive Plan for Hearing Impaired Children in Illinois", published in 1968. Although the document is nearly 15 years old, predating Public Law 94-142 and other pertinent federal and state legislation,

the tenets still hold: 1) "Many specific improvements are needed in the education of hearing impaired children in Illinois"; and 2) "The establishment of a professionally sound system of educating hearing impaired children in Illinois will require coordination at several levels." (Illinois Commission on Children, 1968.) Appropriate modifications of the Plan could be made to accommodate current issues. ISD is a comprehensive school for the deaf; however, the school's role must focus on the comprehensive needs of more deaf children, many of whom will remain in their local districts. In so doing, ISD will integrate appropriate portions of its programming into the local communities.

2. ISD's staff assignments and organizational arrangements need to be assessed and, if necessary, altered to accommodate the school's emphasis on comprehensive programming. For example, staff should be assigned to focus on comprehensive services for hearing-impaired children, local resource programs and on multi-handicapped students. Current and anticipated funding levels may preclude adding new staff -- yet the new programs are essential to the future role of the school. Therefore, staff reassessments and subsequent assignments to other areas are necessary.

3. Hold a DORS-Family Workshop, discuss new directions and assistance to be provided by the school and DORS perceptions of the role and responsibility of the family in the life of the handicapped student in a residential school.

B. Providing Resource Services to LEA's

Issue Description

In response to a DORS survey, local special education administrators indicated that if certain resource services were available through ISD, they would be used by local school students and staffs. This is especially true for services such as consulting, adapted educational materials, diagnostic evaluations, summer programs, ongoing seminars for teachers, and parent-student institutes.

Recommendations

Develop, in conjunction with LEA's, a set of model service projects to be offered to LEA's based on the needs and size of their deaf student populations. Priority should be given to the program and geographic areas wherein ISBE, the LEA's and ISD agree that the greatest unmet need exists and wherein there is potential for enhancing the services. This program should be aimed at earlier identification of pre-school children and services for elementary-age deaf children. Each year, as funds allow, ISD should add LEA's to the project area.

C. Education and Vocational Rehabilitation

Issue Description

During the course of the study, an issue was raised regarding the need for more planned interaction and coordination between ISD and DORS' vocational rehabilitation programs. The discussions and decisions which led to the school's being transferred to DORS (July, 1979) centered around the need and the potential for integrating the vocational rehabilitation programs already administered by DORS with the educational programs of ISD.

ISD has a wealth of information relative to its students; this information is gained from educational assessments and counseling. DORS' counselors for the deaf and severely hearing-impaired have few resources available to assess a client's vocational potential and interests. Currently the most appropriate evaluation programs for less academically oriented deaf VR clients are located out-of-state. Assessments of students' academic potential often require the purchase of service from sources outside DORS. VR counselors must either purchase assessments for these clients or place them in academic or vocational programs for situational assessments. This practice can be very costly.

Recommendations

1. The Department needs to establish administrative and programmatic mechanisms to ensure continued development of the continuity of educational and vocational rehabilitation services. Initial efforts in this area should be aimed at developing an expanded vocational assessment program at ISD. This service would build upon the current testing capacities of ISD and broaden the program to include vocational skills and selected vocational/functional assessments.

2. To carry out this program development, the Division of Services for the Hearing-Impaired and ISD staff should conduct a study to determine the assessment information needed by VR counselors to assist deaf individuals in their vocational rehabilitation.

3. This program would first be tested on ISD students who are vocational rehabilitation clients and then made available to SWEP students and other deaf students with VR cases. The applicability of this program to adult deaf VR clients is evident. A means of serving this population at ISD should also be developed.

   Any vocational assessment program must be comprehensive in nature and therefore should be linked to ISD's independent living program.

4. Continue and expand ISD's efforts to provide vocational experiences and training to its students. This program should not be restricted to school hours nor to a particular student population. The program should be strengthened by reinstituting the summer employment program originally funded by the Governor's grants program of the Department of Commerce and Community Affairs. This program would use local VR counselors to locate and coordinate appropriate summer jobs for ISD students in their home communities.

5. Because of the broad range of academic levels and the percentage of multi-handicapped students, ISD's vocational programming must provide a range of vocational opportunities. For example the school should strengthen its vocational/technical department and provide a range of low-level workshop vocational activities. The Rubella students are now in the vocational age group and sophisticated vocational training is not within their capabilities.

6. The "Rubella Bulge" will soon be affecting DORS' vocational rehabilitation program. This population of deaf and visually impaired students is generally multi-handicapped; they will provide an intense challenge to DORS' VR counselors. ISD staff has been dealing with this population for several years; their knowledge and experience should be transferred to VR counselors through staff training and other means.

7. Develop an "Education-Rehabilitation Program Emphasis," specifying ways and means of maximizing the experience, knowledge, programs and dollars available for the benefit of handicapped children. This program emphasis will reflect actions being taken at the national level within the Education Department to "ease the transition from special education to job training . . ." (Handicapped Americans Reports, December, 1982)

D. Serving Students Who Have Multiple Handicaps

Issue Description

According to reports generated by ISD staff, approximately 50% of the current students have at least one handicap in addition to deafness, a percent much higher than generally recognized when the study began. However, in a survey conducted as a part of DORS' study, some local education agencies recommended that ISD serve more students who have severe multiple handicaps.

ISD, similar to the other DORS schools, is generally in a role of responding to student referrals from LEA's. The admissions criteria are the basis for referral reviews. In this regard it is not possible, nor is it intended, to discontinue service to any particular segment of the population which meets these criteria.

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However, if LEA's continue to develop capacity to serve deaf students, it is possible that the population of ISD may shift to greater numbers of multi-handicapped and educationally lower functioning students. DORS is not seeking to supplant programs designed to serve the lower-functioning mentally retarded/mentally ill populations more appropriately served by DMH/DD.

Recommendations

1. Remain a placement option for deaf students who cannot be served appropriately in their communities; continue to include students whose only handicap is deafness.

2. Survey LEA's to determine the number and needs of students the LEA's believe will be referred in the next three to five years. This survey would provide a base of student data and tentative ISD enrollment to allow assessment of current program capabilities in response to the population and would assist ISD in determining any necessary new educational emphases and initiatives. This effort should be coordinated with the State Board of Education.

3. Review ISD's programs and, as appropriate, develop and expand programs relative to the population identified in #2 above.

4. Initiate discussions with DMH/DD to clarify the roles of DHM/DD and DORS relative to multi-handicapped deaf students.

5. Develop a set of supplemental guidelines for use by local education agencies in making referrals, outlining 1) the services available and 2) the characteristics of the multi-handicapped students who would likely benefit from placement at ISD. Again, the guidelines should reiterate that DORS is not seeking to supplant programs designed to serve populations more appropriately served by other state agencies.

6. Update the bulletins and other literature related to the school. Show new directions; encourage a high degree of coordination with local and state agencies.

E. Independent Living Skills Training

Issue Description

The following table shows the number of students discharged from ISD for the years '78-79 through '80-81.

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Table 4
Comparison of Discharge Reason by School Year:
1978-1979 Through 1980-1981

	Number of Students		
Discharge Reason	School Year 1978-79	School Year 1979-80	School Year 1980-81
Graduation	34	46	43
Moved Out of State	3	8	8
Returned to LEA	6	0	10
Withdrawn by Parents	5	9	7
Medical	0	2	3
Other-Not Suited/Could Not Benefit	1	4	4
Total	49	69	75
Data Not Available	-	-	1

Because of the concentration of current students born in 1964-66, the numbers of discharges can be expected to increase in the coming years as these students reach age 18-21.

The vocational rehabilitation needs of ISD's students have been addressed; however, it is critical that many more students receive additional independent living skill training to assist them in their transition into the local communities. This training is particularly critical for those students graduating from ISD because many of them are placed in independent living situations upon exiting ISD. The term "independent living skills" refers to specific abilities in any of the areas necessary for self-management and social interaction, for example: job-seeking skills, meal preparation, budgeting, scheduling, and other areas. Independent living skills will be available to students in accordance with each student's individual skill deficit areas.

ISD has already established an Honors Dorm for high school students who have demonstrated that they can conduct themselves in a responsible manner. Also the students must apply and be recommended for transfer to the Honors Dorm. The dorm has kitchen facilities for meal preparation. There are other existing programs at ISD to impart daily living skills to students, but these should be enhanced.

Recommendation

Review the independent living needs of ISD's students on an individual basis and develop a program of assessment, training and/or hands-on experience. This program should be capable of serving all students approaching graduation. It is recognized that this program will build upon many of ISD's existing educational and other programs. As the independent living skill training and assessment programs will be a valuable resource to all deaf students nearing graduation and serve as a tool for DORS' VR

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counselors, they should be publicized to DORS' counselors and to LEA's. Such publicity should identify the existence of the program and detail its components and applicability.

F. Technology in Education and Rehabilitation

Issue Description

DORS' residential schools are operated for the benefit of severely handicapped children, most of whom have pronounced needs for the miracles of modern technology; therefore, DORS has an obligation to provide these children with the most appropriate educational tools available.

Technological advances in the field of education and rehabilitation of the handicapped have been made rapidly and dramatically, particularly in the last 20 years. These technological applications are not only of personal benefit to handicapped individuals, but they also enhance the ability of these individuals to learn.

DORS has had insufficient equipment funds to keep pace with or close to the levels of changing technology. There are some exceptions to this rule, most particularly the Media Center at ISD which has remained in close range with technological advancements largely through the use of grants and donations. It offers an interesting model for the other schools and for ISD's other program areas.

Recommendations

1. Keeping pace with technology in the areas of medicine, e.g., therapy and care, and education, is essential to the new directions of the schools. Although this is a high cost item for the Department, it cannot be neglected if ISD is to remain viable as a leader in the field of special education of the deaf. Therefore, DORS must seek significant increases in the equipment budget to provide a quality educational program.

2. DORS has applied for a federal research grant to fund computer-assisted education for the deaf. This technology is well-suited to the deaf, but requires some adaptation of the computer language to meet the needs of the students. Whether or not the grant is funded, ISD should continue efforts in this area with cooperating universities. If necessary, other funding should be sought.

G. Buildings

Issue Description

The condition of the physical plant at ISD has become a point of concern. Several of the buildings are more than 50 years old.

Capital development projects, permanent improvements and regular maintenance projects have been delayed or eliminated due to the fiscal condition of the state. There are needs for plumbing, masonry, painting and electrical work in the dorm units.

Recommendation

DORS should set priorities among the several areas wherein repairs are needed and prepare capital development expenditure plans. Further the Department actively seek the funding necessary for building maintenance and rehabilitation.

A Plan for the Future Direction of the Illinois School for the Visually Impaired

Illinois Department of Rehabilitation Services

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I. OVERVIEW

Severely visually impaired students are limited by what they cannot see; this affects their mobility, their activities of daily living, and their academic pursuits. However, education in the use of the students' hearing and tactile senses and in the use of various aids and devices can often offset a portion of the impact of their visual impairments.

In school year 1980-81, there were 1,554 severely visually impaired students in Illinois. These students were placed at the Illinois School for the Visually Impaired (ISVI), in private or out-of-state placements, and in more than 1,000 local school districts in Illinois.

The extensive special staff, materials and equipment these children need are logistically difficult to provide because blindness is one of the least prevalent handicap groups.

"Deaf-Blind" is a category of primary student handicaps which includes a wide spectrum of students having both visual and hearing handicaps. These range from individuals with neither vision nor hearing to those with partial vision and hearing. Even with this broad definition, the incidence of deaf-blind students in Illinois in school year 1980-81 was 5 in 10,000 students.

Some students at the less severe end of the deaf-blind spectrum can be taught in local schools, but most are so severely handicapped that they require constant, intensive residential programming over a period of many years, first to acquire communication skills and then to learn basic living, social, and academic skills.

Federal reports for school year 1980-81 include 115 deaf-blind students in Illinois. Of these, approximately 22 were placed in public day school programs, the remainder in residential school settings: 35 (who are also severely retarded) were placed in a special program in Dixon; 27 at the Illinois Deaf-Blind Service Center and School in Elen Ellyn; 6 in private schools; and 25 at ISVI.

In total, ISVI offers programming for approximately 125 visually impaired and deaf-blind students each year.

Background and Mission of ISVI

The Illinois School for the Visually Impaired (ISVI) has a history of over 134 years. Originally called the Illinois Institution for the Education of the Blind, it was later renamed the Illinois School for the Blind, and then, until 1978, was known as the Illinois Braille and Sightsaving School. By any of its names, ISVI owes its beginnings to Samuel Bacon, who spearheaded the founding of an educational institution for the blind by soliciting private "subscriptions" from the community in order to open the school in June of 1848 with six pupils. In January of 1849 the pupils presented an exhibition of their skills to the state legislature; on January 13, 1849, the governor signed into law the bill which created this "charitable" institution. With the state funding, the school was moved to new quarters a few months later, and within another year had an enrollment of 21 students.

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A full range of academic course work along with training for post-graduate vocations was provided. Students also received sufficient mobility training to enable them to participate in school and community recreational offerings, and physical activity was encouraged. The primary mode of instruction was verbal, supplemented by a few raised-print books. In 1860 braille was introduced to the United States, but two other "point" systems had also been developed. While these systems eliminated the use of raised print, the standard use of braille as it is known today was not officially and universally adopted until the 1890's.

Formal adaptive physical education for the blind also became fully operational in the 1890's, with participation in interschool sports beginning shortly thereafter through the use of special adaptations and equipment for blind students.

In 1900, Chicago became the first city in Illinois to provide day school classes for the blind. Illinois' deaf-blind children were also first taught at ISVI in the early 1900's, and were later sent to the Iowa Deaf Blind Program. However, in 1957, Iowa could no longer accept Illinois children. The deaf-blind program was then returned to ISVI and has remained a part of ISVI's programming to the present.

Since 1890, ISVI has accepted children as young as 5 years old and, until the early 1970's, had enrollments in the range of 190 to 230 students. By the early 1970's, due to legislative initiatives and increased availability of electronic and other teaching aids and materials along with increased specialized teacher training, a greater number of visually impaired children could be served by local day classes. At that time the enrollment of ISVI began declining to its present range of 110-130 students, and the severity and/or multiplicity of students' handicaps began increasing. The current mission and goals of ISVI reflect this shift in the target population and promote the individual needs of each student through a comprehensive academic and training program with emphasis on the development of independence and prevocational and vocational skills.

II. ADMINISTRATION

Although at its inception ISVI was administered by a board of directors, the State of Illinois began to oversee its functions in 1869 and finally took control of ISVI operations in 1909. Since then ISVI has been administered successively by the Board of Administration (1909), the Department of Public Welfare (1917), the Department of Mental Health (1961), the Department of Children and Family Services (1963), and currently by the Department of Rehabilitation Services (1979). Within DORS, ISVI is located within the Bureau of Rehabilitation Services for Adults and Children.

a. ISVI Internal Organization

Program and service areas in ISVI whose administrators report directly to the superintendent, or through the assistant superintendent, include social services, personnel, medical services, business administration, maintenance, housekeeping, and dietary. The second-line administrators and staff of educational and deaf-blind programs report to the assistant superintendent, and the second-line administrator of the child care program reports to the social services administrator.

b. Advisory Council

The Advisory Council of ISVI consists of nine to eleven elected members who meet quarterly to review ISVI programming and operations, and to provide advice and support in addressing problems, making needed changes, or launching new initiatives.

c. Parent Association

The ISVI Parent Association has one annual meeting and is divided into five groups, by regions of the state, which may have their own meetings. The Parent Association sponsors the Annual Fun Festival on campus each spring which involves parents, students, staff, and friends of the school.

III. ADMISSIONS PROCEDURES

In accordance with DORS' Rules and Regulations to Govern the Administration of the State Schools . . ., the Superintendent of the Illinois School for the Visually Impaired (ISVI) admits blind, visually impaired or deaf-blind students between the age of five and twenty-one who reside in Illinois, if space is available, provided:

1. The student has been identified by a qualified ophthalmologist or optometrist as having a severe visual impairment, and

2. It has been determined through an application and evaluation process that the ISVI can provide an appropriate program based on the following:

   a. Attestation by local school district or others that the student can be more appropriately served at the ISVI, or

   b. Recommendation at a multidisciplinary conference that the student be admitted because his or her exceptional characteristics have been determined to be so profound, complex, or otherwise unique that no special education program currently offered by the local school district can adequately or appropriately meet his or her total educational needs, or

   c. Determination through appeal procedures that admission to the ISVI is the best plan for the student.

If there is potential for admission to the school, the parents are advised to obtain a formal referral for admission to ISVI from their local education agency (LEA). If the LEA does not agree that referral to ISVI is appropriate, the parents may appeal this decision, but no further action is taken by ISVI until an actual referral is made.

After referral, a formal intake study is undertaken by ISVI's social service staff if the child lives within a 100-mile radius of Jacksonville or by the staff of Community Services for the Visually Handicapped for children living in other parts of the state. The intake study includes application to the school and a home visit to obtain family history. ISVI's admission criteria are based on a visual impairment and the need for comprehensive educational services which can be most appropriately provided by ISVI. All students accepted by ISVI have a wide range of educational needs from basic self-care to college preparation.

IV. STUDENT CHARACTERISTICS

As stated earlier, ISVI offers programming for approximately 125 visually impaired and deaf-blind students. Because these two handicap groups have distinct educational needs the characteristics of ISVI students in the study period are discussed separately.

Visually Impaired

During the four-year study period (1978-1982) ISVI had an average enrollment of 102 visually impaired students. ISVI's 1981-82 enrollment accounted for 6% of all visually impaired students reported in Illinois. Based on the 171 students (excluding deaf-blind) who attended ISVI during this period, 22% have visual problems due to cataracts; 17% retrolental fibroplasia; 43% other eye disease, defect or trauma; 8% brain disease, defect or trauma; 7% generalized disease, defect or trauma; and 3% unknown. Eighty-four (84%) percent have one or more secondary handicaps.

As shown in Table 1, 151 (88%) of the 171 students in the study period are, at a minimum, legally blind in both eyes. The remainder were admitted to ISVI for functional blindness, or for educational problems associated with their secondary handicaps, for visual instability, and/or for severely impaired vision in one eye.

Table 1
Severity of Students' Visual Impairments:
1978-1979 Through 1981-1982

Degree of Visual Impairment	Number/Percent
Total blindness or light perception only - both eyes	52/30%
Total blindness or light perception only - one eye; other eye - hand motion or count fingers	4/2%
Hand motion or count fingers - both eyes	3/2%
Total blindness, light perception only, hand motion or finger count - one eye; other eye - 20/200 or less	20/12%
20/200 or less - both eyes	71/42%
20/200 or less - one eye; other eye 20/70 - 20/200	10/6%
20/70 - 20/200 - both eyes	11/6%
	171/100%

Age at Onset of Visual Impairment

Of the 171 students in the four-year study period, 146 (86%) were born visually impaired. The remainder became visually impaired between the ages of 2 months and 17 years old, categorized as follows: Infancy (birth-2 years); Early Childhood (ages 3-4 years); Primary (ages 5-8); Intermediate (ages 9-11); High School (ages 15-17).

Secondary Handicaps

Students who are enrolled at ISVI are often those who have either psychological or physiological secondary handicaps which prevent their effective education in local school districts. Such additional "handicaps" may or may not be formally classifiable as secondary handicaps according to the federal reporting classifications utilized, which include: trainable mentally handicapped (TMH); educable mentally handicapped (EMH); physically handicapped/crippled; learning-handicapped; hard of hearing; speech- and language-impaired; educationally (emotionally) handicapped; behavior-disordered; and otherwise health-impaired.

Table 2
Visually Impaired
Student Secondary Handicaps
(Number/Percent of Enrollment)

	1978-79	1979-80	1980-81	1981-82	Study Total	Yearly Average
One or more Secondary Handicaps	86/81%	83/85%	91/88%	90/90%	138/81%	85/83%
No classified Secondary Handicaps	20/19%	15/15%	13/12%	10/10%	28/16%	15/14%
Total	106/100%	98/100%	104/100%	100/100%	171/100%	102/100%

The following table enumerates the number of ISVI students affected by each category of secondary handicap; therefore totals exceed 100%. Percentages by total unduplicated students in the study period and by yearly average are also shown.

Table 3
Total Student Secondary Handicaps
(Number/Percent of Enrollment)

	1978-79	1979-80	1980-81	1981-82	Study Total	Yearly Average
Behavior Disorder	21/11%	8/8%	7/7%	7/7%	16/9%	8/8%
Educational Handicap	30/28%	28/29%	25/24%	19/19%	42/25%	25/25%
Learning Disabled (LD)	28/26%	20/21%	23/22%	19/19%	39/23%	22/23%
LD/EMH**	8/8%	11/11%	18/17%	18/18%	23/13%	14/13%
EMH	24/23%	25/25%	24/23%	25/25%	40/23%	25/24%
TMH	13/12%	13/13%	14/13%	15/15%	20/12%	14/13%
Speech and Language	28/26%	30/31%	39/38%	40/40%	53/31%	34/34%
Physically Handicapped	16/15%	13/13%	11/11%	9/9%	18/11%	12/12%
Hard of Hearing	3/3%	2/2%	5/5%	3/4%	6/4%	3/3%
Other	2/2%	3/3%	3/3%	4/4%	4/2%	3/3%
None	20/19%	15/15%	13/12%	10/10%	28/16%	15/14%
(Total*)	(106)	(98)	(104)	(100)	(171)	(102)

*Total is provided for reference. Columns do not add up to 100%.

**Students who have both LD and EMH are included in this category.

Deaf-Blind

Data were collected on a total of 33 deaf-blind students. Sixty-seven percent of the deaf-blind students have visual impairments as a result of maternal rubella. Other major causes were cataracts (12%), retrolental fibroplasia (6%), retinitis pigmentosa (3%), or other (9%) ocular defects. Thirty-two (32) of the 33 deaf-blind students have one or more additional handicaps in addition to deafness and blindness. As shown on Table 2, many of the students have 2 or 3 additional handicapping conditions.

Table 4
Additional Handicaps
Deaf-Blind Students:
1978-1979 Through 1981-1982

	Number of Students	Percent
Learning Disabled	2	6%
EMH	10	30%
TMH	20	61%
Behavior Disorder	7	21%
Educational (Emotional) Handicap	6	18%
Physically Handicapped/Crippled	3	9%
Speech and Language Disorder	2	6%

It was found that 32 (97%) have a learning handicap, EMH or TMH. However, this categorization defines student functional levels rather than innate intellectual ability which may be masked by the effects of deaf-blindness. Therefore, ISVI's students may have a great deal more potential than these data show.

Age

Deaf-blind students have ranged from ages 5 to 21 in each enrollment year during the study period except 1981-82. Sixty-nine percent of the students in enrollment year 1981-82 were ages 14 to 18 and were born during the 1964-66 maternal rubella epidemic.

All but 2 of the 33 deaf-blind students were born with deafness or blindness or both impairments; the other two were infants at onset. Data were not collected as to the age of onset of deafness and blindness separately so it is unknown how many were born deaf and/or blind.

General Student Characteristics

In the area of functional development, 49 visually impaired students (43%) during 1981-82 functioned independently in the area of hygiene, grooming, eating, communication, mobility, and health care. The average

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number of students functioning independently has decreased 13% since the 1978-79 school year. A review of 171 student profiles individually revealed that all but eleven students functioned at less than "normal" for their age, either academically or socially.

The independence level of deaf-blind students is significantly lower than that of most visually impaired students, with only 12% independent in the area of hygiene and grooming a ' 15% in eating. No deaf-blind student is listed as independent in communication, mobility and health care.

Although ISVI students must be formally referred by each student's LEA, the first contact may be made by the parent or family, the LEA, public agency, private agency, or other sources. The parents or family are initiating contact with increasing frequency while LEA's and other public agencies are doing so less frequently.

The initial contact person requesting admission of deaf-blind students to ISVI is shown in Table 5 below. All students, however, were formally referred by their respective LEA's.

Table 5
Initial Referral Contact Source for
Visually Impaired and Deaf-Blind Students

	Percent of Total Referrals	
	Visually Impaired	Deaf-Blind
Parent or Family	46%	37%
LEA	34%	27%
Public Agency	17%	27%
Private Agency	3%	9%
Total	100%	100%

About 87 of 204 students (includes deaf-blind) were referred from Cook and surrounding counties. The remainder of the population was from 45 additional counties in Illinois. Of the 53 counties which had not sent students to ISVI, 26 counties reported having no visually impaired students.

By yearly average, 78% of the visually impaired students are over age twelve, with the largest concentration of students (33%) being ages 15 to 17. The deaf-blind enrollments also show the largest concentration of students (59%) in the 15-17 age range.

Reading levels were selected as the indicator of academic achievement. During school year 1981-82, 23% of the 98 visually impaired students were reading at the appropriate grade level with 19% being non-readers. Sixty-one percent of the 33 deaf-blind students were non-readers; the remaining 39% read significantly below grade level.

The average length of stay for visually impaired students at ISVI is currently 5.6 years, a decrease of three years since 1978-79. The duration of stay is 7.2 years for deaf-blind students.

V. PROGRAM OFFERINGS - VISUALLY IMPAIRED

The programs and services offered at ISVI include academic education, vocational training, daily living skills, orientation and mobility instruction, social skills acquisition and child care. Independent living skills are taught in various courses and activities throughout the curriculum.

Education

The cornerstone of ISVI's total programming approach is the educational curriculum, upon which all other school programming of ISVI is built. The academic, career, vocational, daily living, and social skills training offered during the school day is extended beyond the school day by well-rounded extracurricular and recreational offerings, reinforced by residential programming, and supported actively with personal, educational and vocational counselling. Instruction in the adaptations needed by visually impaired students to function in a sighted world is provided not only in the educational curriculum but also in the residential setting for such practical problems as tying a tie or keeping dresser drawers straightened. For the visually impaired student, academic achievement in itself has limited meaning without independent living skills and vocational preparedness to complement it. Thus ISVI's programming, from kindergarten to graduation, is designed to meet this trio of visually impaired students' needs.

The educational program is accredited by the North Central Association of Colleges and Schools and by the Illinois State Board of Education. All programs at the School are accredited by the National Accreditation Council for Agencies Serving the Blind and Visually Impaired.

Students are grouped into elementary, junior high, secondary or prevocational classes based on individual factors including age, current level of achievement, and intellectual or functional capacity. Kindergarten through grade two and some prevocational classes are self-contained while all other classes are departmentalized. Some classes require one-on-one instruction, while others may have as many as eight students.

Pre-Vocational Curriculum

Many ISVI students have delayed social skills development due to their visual (and hearing) impairments, other physically disabling conditions, mental retardation, or environmental factors. These factors must be overcome in order for these students to benefit fully from other areas of the curriculum. Classes focusing on eating, dressing, toileting, personal hygiene, health care, social interaction, and use of leisure time form the core of the prevocational curriculum and are an extension of elementary programming for multi-handicapped students.

Prevocational classes may also be taken by students who are otherwise in ISVI's regular high school or junior high school program. Some prevocational students are later able to pursue academic subjects offered in the prevocational, junior high or high school programs. Others, who do not have academic potential, will be prepared for their highest level of independence and work after graduation. For some students, the highest level of post-graduate placement may be in a sheltered workshop and a supervised group living arrangement. A few students may ultimately be institutionalized, but even with this outcome, the students will function more independently in the institution than they would have without training in eating, dressing, mobility, and speech.

Vocational Education

Vocational education is introduced in the upper elementary career education classes, and continues to be emphasized until graduation. It includes extensive course work which is required for all students in home economics and industrial arts. As students become older, more sophisticated courses are offered in specific vocational skills, consumer education and business law. Students learn, for example, how to budget, apply for jobs, file tax returns and other practical skills.

In conjunction with vocational courses, students are encouraged to engage in some form of paid work. The on-campus work program provides jobs for 10 to 12 students at half of the minimum wage. These jobs include operating the snack bar and the switchboard, and work in the dining room, library, storeroom and in housekeeping. Students generally work about eight hours a week.

For the older students, there is the work/study program whereby students attend school in the morning, and in the afternoon work in one of six off-campus locations including the laundry at a state developmental center, a local day care center, a local manufacturer, and the switchboard at the municipal building.

Students are also encouraged and assisted in their efforts to obtain summer employment, and whenever possible, they are referred to their home-area DORS offices where they can be provided with community jobs, as appropriate. This program effort was funded through a CETA grant in previous years (1980-1982).

Child Care Services

Child care staff must also be well-acquainted with the needs of each child and gear their activities toward these needs. Child care workers are involved in the classroom, just as educators are many times involved in residential activities. The psychologist and social services staff provide supportive personal counseling. Children needing improvement in social and daily living skills receive constant reinforcement of formal material.

Individualized Education Program

Individualized Education Programs (IEP) are completed on all ISVI students and include both the educational and residential plans designed to meet each student's individual needs. IEP staffings are held at least twice per year for each student, once in the fall to establish the IEP and again in the spring to measure the child's progress.

Specialized Courses

ISVI's curriculum for kindergarten through grade 12 offers a great deal more than conventional curricula to meet the needs of its handicapped students. All students require specialized training as a result of their visual impairments. Students with minimal or no vision are taught to use braille, reading and writing, and tactile aids. They may also take optacon training, which entails extensive practice to enable the students to use the machine effectively. Students with residual or partial vision receive training in the use of closed circuit television and they may use large-print materials, sometimes in combination with brailled materials, depending on their vision. Low vision classes teach students to use their residual vision maximally. This may include learning to see or read with their peripheral vision, or learning to "see" using the shadows, forms or even shades of light they are able to perceive.

To supplement services already offered by ISVI, the Illinois Lions Club sponsors a low vision clinic with the cooperation of the Illinois College of Optometry and the Department of Ophthalmology at the University of Illinois School of Medicine. The Lions of Illinois Foundation pays the expenses while the optometrists and ophthalmologists volunteer their time for this semi-annual, two-day clinic which is provided at no cost to students.

All students are taught to develop critical listening skills and to maximize the use of other senses. Speech therapy and physical therapy further assist students who have physical handicaps or other additional handicaps in conjunction with their impaired vision. An example of a vision-related secondary handicap is the absence or impairment of speech caused by the fact that the development of speech may be dependent on vision as well as hearing.

Orientation and mobility classes which utilize and maximize students' available perceptual skills include instruction in balance, coordination, spatial relationships, and cane travel. Satisfactory completion of the course earns the students a mobility pass. These passes are of varying levels and ultimately enable students to go off campus without assistance.

Independent Living

In addition to the independent living skills taught in various courses throughout the curriculum, ISVI's Home Economics program has an "apartment" consisting of living room, kitchen, bedroom and bath,

wherein students cook their own meals, perform routine household chores, prepare shopping lists, and go shopping within a budgeted amount. These skills are reinforced as much as is possible in the residential program, and older students who show sufficient maturity are moved to an "honor unit" in the dorm where supervision is minimal. Following this experience, students "graduate" to the independent living unit in the basement of the Intermediate Boys' Dorm. This unit has the capacity for only two boys at a time, so stays are fairly brief in order to allow as many students as possible to have this experience before they graduate from ISVI. Girls have also participated in this program but only on a limited basis due to a lack of facilities.

Extracurricular and Recreational Programming

Extracurricular activities round out each student's experience. Whereas a visually impaired student in a public school may not have sufficient opportunity to participate in extracurricular activities, at ISVI students can be involved in activities such as class officers, newspaper staffers, cheerleaders, or members of 4H or Scouts. ISVI students also have the opportunity to compete interscholastically with teams from other schools in sports, forensics and music.

There are many other, varied recreational activities available at ISVI. Each week a recreation schedule is published so that students may plan their time accordingly and select those activities they wish to attend. Students also participate in community activities such as bowling, church-sponsored activities, and other individual or group pursuits. Volunteers from MacMurray College and Illinois College also provide many recreational opportunities for the students.

Deaf-Blind Program

The Deaf-Blind Program at ISVI is a microcosm of ISVI's visually impaired programming. Twenty-two of the deaf-blind students attend classes in their own classroom building. For every four students there are one teacher and one child care worker. Since communication is the essential ingredient for educating the deaf-blind, all teachers and child care staff must know sign language and some braille. The residential program is a continuation of the school day in which daily living skills and appropriate behavior continue to be taught and reinforced. Beyond their own self-contained classroom, deaf-blind students are integrated into visually impaired classrooms and activities as much as possible.

VI. PERSONNEL AND BUDGET

At the time of the study ISVI had a staff of 13[illegible] categorized into seven divisions: administration; education; child care; medical; dietary; general support; maintenance; and trades. Oversight of day-to-day operations is the responsibility of the superintendent with the assistant superintendent responsible for educational programming.

The ISVI occupies seventeen buildings, the oldest of which was built in 1875. The newest of the buildings, the classroom administration building, was built in 1970. All buildings except the deaf-blind dorm and the auditorium are accessible to mobility-limited individuals. In addition to the deaf-blind dorm, there are three other dorms.

The budget for FY '83 is appropriated at $2,662,800; based on an enrollment of 118 students, the cost per enrollee is about $22,600. The cost includes both visually impaired and deaf-blind students.

While deaf-blind children accounted for only 20% of the students in FY'81, they incurred 24% of the total personnel costs and utilized 25% of the personnel. In FY'82, these percentages increased to 25% and 26.5% respectively for cost and staff number, and there are indications that these percentages may be even higher in FY'83. This is due to the need for a lower student/staff ratio for the deaf-blind than for the visually impaired program.

Given these figures it is evident that per capita costs for deaf-blind students would be higher than $22,600, in the range of $25,000 - $26,000 per student, while the per capita cost for visually impaired students is lower than the total school average.

VII. ISSUES AND RECOMMENDATIONS

A. INDEPENDENT LIVING FACILITIES

Issue Description

An integral part of ISVI's program is independent living preparation. ISVI's independent living program attempts to be comprehensive because ISVI is in a unique position not shared by the LEA's to provide such training. However, ISVI's programming is hampered by its limited independent living facilities. While it provides training in independent living skills, for most students these skills cannot be translated into actual experience in an independent living situation.

Recommendations

1. Expand and equip ISVI's independent living facilities. This project would entail significant capital expense; however, such facilities could make the difference as to whether some students would require sheltered care upon graduation or whether they would live independently. In addition to decreasing direct, continued state expense, students who live independently have a greater chance of obtaining competitive work which would enable them to be self-sustaining.

   DORS can pursue the possibility of using grant monies to fund this project. There also may be other discretionary or program development grant sources to fund this project.

2. The continued increase of independent living programming should be designed to include training in all areas of need as well as actual experience. Orientation and mobility, aids to daily living, and rehabilitation teaching are an integral part of independent living. DORS should pursue the availability of appropriate staff for these purposes in other DORS divisions.

   It should be noted here that locating this capacity at ISVI would provide an opportunity for model programming in rehabilitation teaching and mobility instruction.

3. It has been proposed that the second floor of the special services building (Unit 5), which is now used to house college interns, be remodelled into independent living units. To date funds have not been available for this purpose. It may still be reasonable to explore this avenue. In addition, other means of providing actual hands-on experience should be explored. DORS will support these efforts through all appropriate means. However, if independent living units are not available, action should be taken to develop and implement an independent living curriculum.

B. EXPANSION OF ISVI PROGRAMMING AS A RESOURCE FOR LEA'S

Issue Description

All students should, if possible, receive their education locally. ISVI serves primarily children who require ongoing residential educational placement. However, because of the size, needs and residential placement of its student population, ISVI offers programs which can supplement and/or enhance local programming rather than supplant it. Such programs can prevent and/or reduce the need for residential placement of some children, and can expand the services offered to other children. In the past ISVI has provided evaluation services during the school year and offered summer school programming to meet the needs of LEA students. In recent years funding restrictions have eliminated the summer program, which had been a resource for LEA's.

Recommendations

1. Based upon an assessment of LEA needs, begin a program of support to LEA's and students in LEA's. The programs will build upon the expertise and resources available at ISVI and upon new resources that are further recommended herein. The resource program will require program expansion and may require new staff or staff reassignments. The program offered here is by nature comprehensive, but it is not stipulated that all components can be instituted in the immediate future. However, it is the program of quality towards which DORS should direct its efforts.

Support Programs for LEA Staff

2. Support programming should take the form of training institutes for teachers, and include the same areas of study as those which are provided to students directly. Such programs must be intensive and of short duration and should be offered during the summer so as not to disrupt the teaching schedules of the participants.

   There will always be a need for ISVI's expertise as a resource for children with exceptional needs and for new teachers entering the LEA's, but this need can be greatly reduced with proper program planning and development, especially if in conjunction with higher education training programs in Illinois' colleges and universities.

3. Support programming could involve provision of consultation services to LEA's by ISVI staff. This is for the instances where the LEA's may need only consultation on how to adapt their programs to meet the needs of certain students. In some cases this may be closely allied with student evaluations. Consultation could be provided at any time during the year and could involve either travel or telephone contact, depending on the specifics of the situation.

Support Programs for Pre-School Children

4. Support the LEA's by providing pre-school evaluation and programming which would be designed to assist LEA's and parents in their efforts to prepare their visually impaired children for kindergarten. Such support may include limited direct education of pre-school children.

   Children tend to learn more quickly when their education begins early. It is even more important for visually impaired children, because of their handicap, to get a head start in mobility and coordination, in development of their residual vision and tactile senses, and in learning the basics such as letters, numbers and adapted techniques for daily living. The parents also need to learn what should be expected of their children and both the parents and children would benefit from the social contact with other visually impaired youngsters and their parents. Such programming has been offered previously through workshops and pre-school institutes.

Support Programs for LEA Students

5. Support programming should include increased evaluations of LEA students by ISVI staff, either on-campus if a comprehensive multidisciplinary evaluation is needed, or at the LEA if the evaluation needs are more specific or limited.

This service would assist LEA's in identifying specific student needs and/or the prescriptive programming which will address those needs. Such evaluations would be provided at the request of LEA's.

6. Support programming should be offered directly to LEA students and include both enrichment and remedial courses in the areas of daily living skills, vocational training, independent living, and specialty areas such as orientation and mobility, optacon training, braille, and low vision aids. Such programs could be intensive and of short duration, so that a greater number of students are accommodated and so that time away from local schooling and/or home is reduced.

   During the school year, or during the summer, DORS could sponsor short-term programming at ISVI to meet the LEA students' needs.

7. Reinstate summer prevocational and vocational programming for LEA students.

C. RESOURCES TO FAMILIES

Issue Description

ISVI has, over the past years, adapted its programming to accommodate multi-handicapped visually impaired students including the deaf-blind. Also, ISVI uses a "revolving door" integration approach in cooperation with local programs for the visually impaired. This approach allows students to enroll at ISVI when they require special services and return to the LEA after the services are delivered.

There is a need for support services for families and others in many areas of the state where local schools are educating visually impaired students. Support services include a wide range of activities to help visually impaired children live within their own communities, either with their own families or in adoptive/foster homes. These services include individual and family counseling, crisis assistance and respite care, in-home instruction, parent training, a lending library, information resources, assessment and diagnosis. Support services should not be the sole responsibility of ISVI; however, there is a need for coordination and marshalling of resources by the residential school, allowing it to assist in providing services not available in the communities.

Recommendation

Develop a support services unit to provide resource services to families in cooperation with local schools. A support services unit should also cooperate with, and if necessary coordinate, local voluntary services, e.g., those that provide glasses, eye surgery, gifts, toys and financial benefits for visually impaired children.

D. DEAF-BLIND PROGRAMMING

Issue Description

The major issue for the deaf-blind program concerns expansion to at least 10 months and preferably to 11 or 12 months. Deaf-blind children progress educationally at a much slower rate than non-handicapped children of similar intelligence. Therefore, they require schooling for a much longer period of time to achieve their educational potential. The time necessary for schooling is further prolonged by the regression that occurs in the summer months. Children at the more severe end of the spectrum of the deaf-blind classification have an even greater need for expanded, longer-lasting programming because this may be the only means for them to make progress in learning and retaining basic living skills.

Recommendations

1. Initiate a summer educational program for deaf-blind students wherein teachers visit students and parents in their homes.

2. Study and evaluate the results of the program. If the program's educational, social, and formal results are not seen as effective, then an increased school year for ISVI's deaf-blind students should be supported.

E. THE FUTURE OF THE DEAF-BLIND PROGRAM

Issue Description

ISVI's deaf-blind program has had annual enrollments of, and capacity for, approximately 25 students during the four-year study period. However, of those students currently enrolled, 70% (18) were born during the 1964-66 maternal rubella epidemic. By the end of school year 1987-88, all of the deaf-blind students born during 1964-66 will have left the school. Informal reports from the Illinois Deaf-Blind Registry indicate that the incidence of deaf-blindness has decreased significantly since 1966; and the age of onset of the secondary handicap has increased; therefore, it is expected that the enrollment in ISVI's deaf-blind program will likewise decrease from 1985 to 1988. Decreases in ISVI's deaf-blind enrollment will directly affect ISVI's total enrollment and enrollment capacity.

However, the educational, social, and vocational needs of deaf-blind persons will not go away at age 21. It is therefore essential that DORS directly and indirectly advocate for service capacity within Illinois to serve this handicapped population.

Recommendations

1. Study the needs of adult deaf-blind persons and prepare a comprehensive program to advocate for these services. Where appropriate, DORS' current funding sources and services should be used and modified to serve this need. Where necessary, new services and capacities either within DORS or other appropriate state and private agencies should be developed and supported.

   The expertise of staff and the other resources of ISVI should provide a basis for this programming.

2. Unless current information proves incorrect DORS should, beginning in FY'85, pursue discussions on the future of the program in conjunction with other appropriate programs serving deaf-blind students.

F. TECHNOLOGY IN EDUCATION AND REHABILITATION

Issue Description

The ISVI equipment budget has been reduced from $12,000 in FY '82 to $3,000 in FY '83. The ISVI students' equipment needs are essential to their educational programs, and chronic budget cuts in this area will not allow for the replacement of existing equipment as it breaks down or becomes obsolete. Also, if ISVI is to maintain its expert status in the field of education for visually impaired children, it must have access to the most appropriate equipment available, particularly as its enrollment includes increasing numbers of multi-handicapped students having many educational needs. Because ISVI's equipment budget in the past has generally been insufficient for its needs, it has procured equipment through the ISVI Parents' Association, through Vocational Education funds, and through donations. However, even with these efforts, basic equipment needs remain.

At present ISVI is in critical need of talking typewriters and closed circuit televisions (CCTV). The CCTV's became available about five to six years ago and are used as a primary reading medium by students who have partial vision but who cannot read regular type. This includes up to 70% of the students enrolled. ISVI now has only three CCTV's and two on order. There is a potential need for 15 to 20 of these machines so that they can be available in classrooms, dorms, and the library.

Technological advances in the field of education and rehabilitation of the handicapped have been made rapidly and dramatically, particularly in the last 20 years. These technological applications are not only of personal benefit to visually impaired individuals, but they also enhance the ability of these individuals to learn.

Such technology is very expensive. Also, changes are occurring so rapidly in this area that many devices may become outmoded quickly or prove to be less valuable than originally thought. To the present, DORS has had insufficient equipment funds to keep pace with the levels of changing technology.

Recommendations

1. Pursue cooperative agreements with manufacturers, hospitals, universities, and other sources for equipment loans, using bartering or other innovative arrangements to ensure currency with technological advances in the areas of hearing, sight, mobility, and education. The Sensory Aids Training Laboratory at the Chicago Lighthouse for the Blind offers a valuable immediate resource which should be assessed.

2. Adopt a policy to add new advanced technological equipment as it becomes available and professionally accepted. Various funding approaches should be used, ranging from direct purchases to acquisition of equipment through grants or donations.

G. EDUCATION AND VOCATIONAL REHABILITATION SERVICES

Issue Description

During the course of the study, an issue was raised regarding the need for more planned interaction and coordination between ISVI and DORS' vocational rehabilitation programs. The discussions and decisions which led to the school's being transferred to DORS (July, 1979) centered around the need and the potential for integrating the educational programs with the vocational rehabilitation programs already administered by DORS. The thinking was that the benefits to the children would be numerous and that the result would be more students who could become independent adults, less reliant on government programs.

Recommendations

1. Build upon the relationships which now exist among ISVI and other programs within DORS. For example, maximize the services of CSVH's mobility instructors when the students are at home during summers and utilize the services of the home VR counselors to obtain summer job placements.

2. Involve vocational rehabilitation counselors in developing a summer work experience program for ISVI students of working age.

3. Develop a vocational assessment capacity for visually impaired SWEP and other VR clients of school age. This assessment should be publicized to VR counselors, particularly downstate, and should be used, as appropriate, in the student's vocational rehabilitation programming.

4. ISVI staff should be available for consultation to VR counselors, particularly in the area of deaf-blind service needs and resources available for deaf-blind persons.

5. Develop an "Education-Rehabilitation Program Emphasis," specifying ways and means of maximizing the experience, knowledge, programs and dollars available for the benefit of handicapped children. This will reflect actions being taken at the national level within the Department of Education to "ease the transition from special education to job training . . ." (Handicapped Americans Reports, December, 1982).

H. RELATIONSHIP OF ENROLLMENT SIZE AND COMPOSITION TO STAFFING NEEDS

Issue Description

Enrollment of Visually Impaired Students

An external factor which affects ISVI's enrollment is the trend in the size of the state's visually impaired student population. Analysis of available data indicates that Illinois' visually impaired student population can be expected to remain stable or realize some growth.

The more pertinent external factor affecting ISVI's enrollment, however, is the referral pattern of the LEA's to ISVI. Analysis has demonstrated that LEA's across the state vary in their patterns of referral to ISVI and in the composition of their visually impaired student populations. Although the numbers of LEA referrals have been stable during the study period, changes in federal education legislation and in funding available to LEA's caused a gradual decrease in ISVI's enrollment from 1970 to 1978.

The enrollment level of visually impaired students at ISVI since 1978 has been at approximately 105 students, not including deaf-blind students. This is approximately 70 students below ISVI's enrollments in the early 1970's but is only about 20 students short of the school's current residential capacity. The type of students enrolled affects the residential capacity. In the past four years, ISVI's enrollment levels have included a significantly larger and increasing percentage of multiply and severely handicapped students as compared to ten years ago. Since

many of these students require single dormitory room occupancy, the residential capacity has been decreasing. If the trend at ISVI continues to show an increase in the number of multi-handicapped students, single room occupancy may be in even greater demand, thus reducing ISVI's capacity for growth in residential student enrollment.

Total Enrollment

ISVI's deaf-blind program has had annual enrollments of and capacity for approximately 25 students during the four-year study period. However, of those students currently enrolled, 70% were born during the 1964-66 maternal rubella epidemic. These students will begin graduating from ISVI in 1985 and will have left the school by the end of school year 1987-88. Decreases in ISVI's deaf-blind enrollment will directly affect its total enrollment and enrollment capacity.

Staffing

Due to fiscal constraints, ISVI has had gradually reduced staffing, which has resulted in reductions in programs and services. Alternatives to increasing staff include flexible scheduling and job assignments, greater efficiency in tasks, and leaving tasks undone when necessary. The use of teacher aides would increase headcount but would improve programming for meeting student IEP's. However, certain staffing problems may actually increase ISVI's operating costs in the long run.

There is a shortage of clerical staff at ISVI, which has only three clerical positions; there are 125+ sets of student records to maintain and 140-150 staff positions to support. Administrative and educational personnel have obvious clerical needs, and child care and social service staff generate a large amount of typing and filing for student records, correspondence with parents, and completion of students' IEP activities on student IEP's. Other support staff also must order supplies and prepare reports and inventories. At present, as much as possible is done in longhand by the non-clerical staff. Some clerical work is being handled by professional and support staff, and the remainder is accomplished by the clerical staff, who use the summer months to complete the work overflow.

There is also a shortage of child care staff. This situation was compounded by lengthy, unexpected leaves of absence due to maternity, prolonged illness, and accident; these leaves in combination with the absences of remaining staff have caused a loss of approximately two additional child care staff years.

There are a number of ramifications of these staffing problems. The use of highly paid professional, administrative or trades staff to do clerical work is not cost-efficient. The shortage of child care staff necessitates frequent use of overtime; this is more costly than employing additional child care staff. Further, studies done by the school show that the use of overtime increases the absenteeism of existing employees, which in turn increases the need for overtime work.

Review teams from the North Central Association of Colleges and Schools, the National Accreditation Council, and the Illinois Division of Adult Vocational and Technical Education have made recommendations which involve staffing needs at ISVI: additional specialists in physical therapy, occupational therapy and, most importantly, a second orientation and mobility instructor should be employed; more extensive follow-up of former students should be undertaken; more off-campus work stations should be provided; and teacher aides should be employed. Although physical therapy is provided on a contractual basis, present staffing is otherwise inadequate to address these recommendations.

The staffing needs and enrollment capacity of ISVI are variables which to some degree fluctuate according to state, federal and local budget constraints. The increase or decrease in one area or all areas will have different effects, because ISVI is a part of a larger educational network, and responds to that network.

Over the period of this study, and for years before, the actions of local schools to serve their visually impaired students changed the makeup of the ISVI enrollment. It is the basis of this plan that most of the anticipated effects on enrollment have already occurred. The high rate of multiple physical and educational handicaps among the ISVI students reflects this fact.

It is also the conclusion of this plan that the enrollment of ISVI will hold at 100 to 120 students in the foreseeable future. The impact of the deaf-blind program has already been discussed. It is a further assumption of this plan that ISVI cannot serve this enrollment size and maintain its past level of educational quality if funding levels and staff are not increased.

Recommendations

1. DORS should assure that ISVI's budget is sufficient to support the highest quality program for the greatest number of students who need the service.

2. DORS should increase its participation and coordination with consumers to obtain support for additional funding of ISVI. Such action should not be directed toward increasing referrals or completing the LEA's, but toward providing quality and comprehensive programming to ISVI's students and to the many other blind and severely visually impaired students in Illinois.

3. In addition, DORS should update the informational bulletins and other literature and audio-visual presentations related to ISVI. Show new directions; encourage a high degree of coordination with local and state agencies serving handicapped children.

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Appendix

Abbreviations Used in the Plan

AFSCME - American Federation of State, County and Municipal Employees
BFOSS - Bureau of Fiscal and Operational Support Services
BOB - Bureau of the Budget
BRSB - Bureau of Rehabilitation Services for the Blind
BRSC - Bureau of Rehabilitation Services for Children
CCTV - Closed Circuit Television
CETA - Comprehensive Employment and Training Act
DAVTE - Division of Adult Vocational and Technical Education
DCFS - Illinois Department of Children and Family Services
DMH/DD - Illinois Department of Mental Health and Developmental Disabilities
DPA - Illinois Department of Public Aid
DSCC - Division of Services to Crippled Children
DORS - Illinois Department of Rehabilitation Services
EMH - Educable Mentally Handicapped
FY - Fiscal Year
GRF - General Revenue Funds
ICSRC - Illinois Children's School and Rehabilitation Center
IEP - Individualized Education Program
ISBE - Illinois State Board of Education
ISD - Illinois School for the Deaf
ISU - Illinois State University
ISVI - Illinois School for the Visually Impaired
LD - Learning Disabled
LEA - Local Education Agency
PSC - Parent-Staff Council
SSDI - Social Security Disability Insurance
SSI - Supplemental Security Income
SWEP - Secondary Work Experience Program
TMH - Trainable/Mentally Handicapped